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CLINICAL LECTURES.

REMARKABLE CASE OF TIC-DOLOREUX, OR NEURALGIA OF THE SECOND BRANCH OF FIFTH NERVE.

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DELIVERED AT THE MEDICO-CHIRURGICAL COLLEGE HOSPITAL, PHILADELPHIA.

[Reported exclusively for THE MEDICAL BULLETIN, by ROBERT S. IVY, D.D.S.]

THE history of this case extends over a period of eighteen years, the symptoms first appearing in the spring of 1868. The patient, a married man, aged sixty-six years, of temperate habits, states that his occupation for thirty years was that of a rectifier, previous to which he had worked at shoemaking. During the early part of his life he suffered severely from indigestion and hepatic derangement, which was relieved therapeutically. The first intimation of neuralgic trouble was in 1868, slight attacks of pain being felt about the right cheek and orbit when he washed his face in cold water. These pains gradually increased, and he was unable to eat, drink, converse, or laugh without a severe paroxysm. After suffering acutely for six months, the pains gradually subsided, the relief, however, proved to be only temporary, as at the end of that time the pains returned with renewed violence, causing excruciating agony. The trouble also was more extended, involving the lip and nose. A mouthful of water, a current of air, or a touch on the affected side of the face, aggravated the suffering almost beyond endurance. Under these circumstances he was operated on in June, 1871, at which time it was claimed a portion of the nerve, two and a half inches in length, was removed from the infra-orbital canal, and excised in the spheno-maxillary fossa. This operation the patient stated gave him relief for about one year, when the pains commenced as before, at first slight, but gradually increasing, until he was brought to the above clinic in a state of great prostration, requesting another operation, and that if he could not be cured he might never regain consciousness. The operation under notice was a repetition of the one claimed to have been performed previously, viz., the exsection of the nerve at the foramen rotundum. After etherizing the patient an incision in the median line of the upper lip, continued upwards to the lower edge of the orbit, thence outward to a point over the prominence of the malar bone, released a triangular flap and exposed the anterior face of the antrum, the arteries involved being ligated as required. Close to the wing of the nose some abnormal tissue, in which nerve filaments were interlaced, was noticed. The tissue around the infra-orbital foramen was also in the same condition, the main trunk of the nerve, which finds its exit at that point, being apparently divided and broken up into small fibres. The anterior wall of the sinus was next removed by means of a large burr, revolved by the surgical engine, examination of the cavity showing it to be in a perfectly normal condition. A succeeding step was to scrape a line upon the antral roof, on the line of the infra-orbital canal, and with a burr ream out the floor, exposing the main trunk of the nerve in its normal position, having apparently never

been previously removed. The portion of the wall of the antrum next to the foramen rotundum was next cut away with the burr, giving access to the spheno-maxillary fossa. The nerve being held by a pair of bull-dog forceps, a small fenestrated instrument encircling it was passed into the fossa and the foramen rotundum located, at which point the nerve was excised by means of a fine, long-handled bistoury, the blade being half-an-inch long and at an obtuse angle with the shank of the instrument.

Succeeding treatment was to inject the parts with dilute phénol sodique, and pack two small sponges into the cavity as tents, stout cords being attached to permit of their ultimate removal. The incision at the lip was next approximated and held in position by means of pins and figure-of-eight ligatures, the remaining part of the wound on the face was united by interrupted sutures. At either side of the incision in the lip was placed a small compress, held in position by adhesive plaster, bringing the inner part of the cut surfaces in contact. A bandage around the head, giving support to the parts, completed the dressing. The speedy recovery of the patient from the effects of the operation, enabled him to be shown to the class, two weeks later, with all trace of the neuralgic trouble gone.

PNEUMOTHORAX; ABSCESS OF THYROID GLAND COMPLICATING THE CONVALESCENCE OF TYPHOID FEVER.

BY J. H. MUSSER, M.D.,
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DELIVERED AT THE PHILADELPHIA HOSPITAL.

[Reported for THE BULLETIN by WM. H. MORRISON, M.D.]

GENTLEMEN: The patient whom I bring before you to-day, is one whom you examined some time ago. It was then a case of empyema, with a large amount of pus in the left thoracic cavity. This was removed by aspiration. The operation was perfectly successful, the lung expanded fully, and the only evidence of the previous condition was a diminution of vocal fremitus and resonance in the lower axillary region which, in all probability, resulted from thickening of the pleura. The patient did not do well after the operation, so far as the general condition and the progress of the disease of the lung structure were concerned. Rapid breaking down at the apex of the left lung took place, and involvement of the right lung was detected. The patient suffered from hectic and exhausting sweats which induced a condition of extreme prostration. Three weeks ago he was seized with severe pain in the left chest, and this was followed by dyspnœa, which was so extreme as to prevent the patient from lying down. The physical examination showed the presence of a third condition of the pleural sac. First, we had a simple pleurisy with serous effusion. This was followed by empyema, and now we find a large quantity of air in the pleural cavity.

The symptoms indicating the occurrence of pneumothorax, as I have stated, were pain and dyspnœa. These are the usual symptoms of this condition. The dyspnœa has continued to a certain degree ever since, but the patient has gradually become accommodated to the large amount of air in the pleural cavity. The cause of the dyspnœa is readily understood. Its gravity depends largely upon the degree of disease in the other lung. If the other lung were perfectly healthy the dyspnœa would not be so severe, although it would cause considerable inconvenience. If there were extensive disease of the other lung the condition would be extremely serious.

The diagnosis is usually easy. In the first place, on inspection in a case of pneumothorax, which I may say is usually unilateral, it being extremely rare to find bilateral pneumothorax, we find general distension of the affected side, as in this instance. The intercostal spaces bulge, the chest becomes rounded, and its measurement is increased. There is absence of respiratory movement of the affected side. Vocal fremitus is absent, just as in the case of effusion of liquid in the chest, and due to the fact that the vibrations of the columns of air are not transmitted through the air in the pleural cavity. On percussion there is increased resonance, and we obtain a tympanitic percussion note. In this case, we find some variations in the percussion note, due to the fact that the pleura is thickened in some places. At the left apex there is dulness on account of the presence of the compressed lung, but when we reach the third rib we obtain tympanitic resonance anteriorly as we do posteriorly from the spine of the scapula to the base. The right lung is in an emphysematous condition, and this gives rise to increased resonance on that side. Aus-

cultation of the left side shows, moreover, absence of the respiratory murmur. An amphoric sound is heard replacing the normal murmur, and in this instance is very marked. Quite frequently the familiar metallic tinkle is also heard, while the metallic echo of the whispered voice is heard distinctly all over the lung. The amphoric breathing is produced by the air passing through the perforation of the lung into the large cavity, with rigid and unyielding walls. In addition to these signs, we have also, well developed, the sign which was first demonstrated by Trousseau, who called it the *bruited airain*. This sound is elicited by ausculting one side of the chest, while an assistant percusses on the opposite side with a metal plexímetre and plexor. Two coins answer very well for this purpose. The metallic note is exceedingly well transmitted. The "succussion splash" cannot be obtained by the methods employed to discover this valuable sign if fluid and air be present conjointly in the pleural cavity. On further examination, we find that the air has encroached upon the adjacent organs and pushed them from their places; notably the heart, which is displaced to the right. An impulse is observed only along the right border of the sternum, the normal apex beat, and cardiac impulses being effaced.

This patient is the subject of phthisis, and he had, prior to the occurrence of the pneumothorax, a cavity at the apex of the left lung. The pneumothorax was due to an extension of the morbid process toward the pleura, until, finally, a rupture occurred. This may have been due to a violent fit of coughing, or it may have resulted simply from sloughing. This complication is not at all uncommon in the course of phthisis. An interesting point in this case, as in many other cases of pneumothorax, is the effect of the development of this condition on the disease of the lung. In this instance the progress of the disease has been much diminished. If the right lung had been healthy, the improvement would have been even more marked. The temperature previous to the occurrence of this complication varied from 100° to 102° Fahr. With this he had exhausting sweats, and was in a condition of extreme hectic. After the occurrence of the pneumothorax, the temperature fell to normal. He has had no hectic and no sweats, and, although the cough has continued, it has not been so severe. With the improvement of the general symptoms there has been an increase in flesh and strength. His appetite and digestion are good. The treatment which has been pursued before the accident will be continued.

Abscess of the Thyroid Gland, Complicating the Convalescence of Typhoid Fever.—This case of typhoid fever presents some points of extreme interest which are worthy of thorough consideration. He had a moderately severe attack of typhoid fever, which ran the ordinary course unattended by complications, and in the usual period of time progressed to its natural termination; not so the convalescence. The temperature fell to normal, and remained so for four or five days. Then it suddenly rose from 97° to 103° Fahr. Careful examination failed to reveal any cause for this sudden rise in temperature. The patient had received no solid food, nor had he been subjected to any mental excitement of any kind. Failing to find a cause for the fever, we feared the occurrence of a relapse. As you know, relapses occur in about six per cent. of all cases of typhoid fever. They occur, it is said, more frequently since the introduction of the treatment by the cold bath. In the relapse, the disease runs a course almost identical with that of the primary attack. It has, however, certain characteristics, which were absent in this case, and which enabled us after two or three days' observation to exclude a relapse. Relapse in typhoid fever generally occurs without the usual prodromes met with in the primary attack. It is generally indicated by a sudden rise of temperature, and the temperature reaches a higher point more quickly than in the original attack. In the relapse the eruption makes its appearance quite early, and may be present as early as the fourth day. It is usually coarser and darker than in the primary attack. Aside from the absence of prodromic symptoms, the occurrence of rapid rise of temperature, which reaches its height very quickly, and the variation in the eruption, the symptoms of a relapse of typhoid fever do not differ from those of the primary attack. The nervous symptoms are the same. The temperature range is about the same, and the abdominal symptoms are similar. In this case the bowels were carefully watched, but with the exception of a slight diarrhœa on the second day, they have been pretty natural. There have been no abdominal pain, no tenderness, and no distention. No eruption has appeared.

The absence, therefore, of any indication of a relapse such as occurrence of characteristic stools, the eruption, and the typhoid state, led us to search further for the cause of the rise of temperature. As you well know, in the convalescence of typhoid fever, the temperature rises under the slightest provocation. A slight indiscretion in diet, mental emotion, or excitement of any kind, will cause an elevation in the temperature. Such a rise in temperature after typhoid fever is known as a recrudescence. This is not a relapse. The distinction must be made between the recurrence of a relapse and the recrudescence of the fever. The latter may be very serious, and is often due, in addition to the above, to the occurrence of suppuration, or of some serious inflammatory complication. The recrudescence may be due, for instance, to the fact that the intestinal ulcers have not properly healed, and have been irritated by unsuitable articles of diet. Again, suppuration of the mesenteric glands, which are always enlarged in typhoid fever, may account for the renewal of the fever. It may be produced by suppuration in various portions of the body, by involvement of the lungs, or of the glandular structure. The recrudescence, as I have said, may be very serious and may terminate in death on account of the exhausted condition of the patient.

Five days ago, or one week after the initial rise of temperature, the patient called our attention to a swelling in the neck, and, on examination, we found an enlargement of the right lobe of the thyroid gland. He now tells us that from the time of the recurrence of his illness he observed some pain in this part of the neck, and also a swelling. The enlargement is universal, smooth, and firm, and is unattended by redness or a marked degree of tenderness. The tumor does not interfere with breathing or with deglutition. It presents neither thrill nor murmur, and is the size of a large orange.

In a record of 1700 cases of typhoid fever Liebermeister found only fifteen instances of swelling of the thyroid gland. So far as I can find, he is the only authority who refers to this complication of the convalescence of typhoid fever. Swelling of the thyroid gland may be entirely vascular in character. If it were so in this instance the gland would be the seat of marked pulsation, and there would be thrill. Exopthalmic-goitre occurs quite frequently in the convalescence of typhoid fever, and this might be taken as an indication of the commencement of that affection. There is, however, no disturbance of the pulse-rate, and no protrusion of the eye-balls, while thrill and murmur in the thyroid are absent.

We have not, therefore, a vascular affection of the gland, but an acute inflammatory one. The introduction of the exploring needle reveals the presence of pus. Careful examination fails to show the presence of contiguous diseases. The cartilage of the larynx and the trachea are free from diseases, and the adjacent structures are normal. The process is distinctly limited to the right lobe.

The most important consideration now is with reference to the treatment. Surgical means will, of course, have to be used in order to relieve the patient of this large amount of pus. In none of the instances which Leibermeister has reported did death result from suppuration of the gland. This abscess is in a serious position, and, unless carefully treated, may result disastrously from prolonged suppuration. In this rare complication, which we overlooked at first, we have a sufficient explanation of the increase of temperature.

ORIGINAL COMMUNICATIONS.

IMPROVED METHOD OF APPLYING THE PLASTER JACKET.

BY CHARLES F. SPANGLER, M.D., YORK, PENNA.

PHYSICIANS of limited means and experience, isolated from the surgical centres, are not justified in possessing the vast array of appliances emanating from modern ingenuity for the correction of as many human defects. The proper facilities not being at his immediate command frequently cause him to hesitate in accepting the responsibility of treatment, inducing him to counsel delay until the deformity attains a degree that is practically irremediable. Efforts to overcome spinal curvature should be instituted at its inception. The earlier the treatment the better the result.

If the suspension apparatus is not convenient, direct an assistant to grasp the child under the shoulders, and raise it a few inches above the floor; extension of the column can be further aided by having the head steadied and raised between the palms of another assistant. Everything having been previously arranged,

the length of time required to apply and harden will be so short, that the duty imposed upon the assistant will not be deemed irksome.

The close-fitting, seamless merino vest is properly adjusted, and the bandages applied in the following manner: Half the required number of rollers are saturated with water, one of which is applied evenly and immediately over the vest from the axilla to beyond the crest of the ilium, employing a moderate degree of traction, succeeded by one in a dry state, and continuing thus alternately until the desired thickness is attained, the last roller being dry. The application can be accomplished in a few minutes, the dry rollers absorbing the superfluous moisture from its neighbors, facilitating the process of setting.

Allow the jacket to remain in position for ten or fourteen days, then open anteriorly and remove. The child can then receive a bath, a spirituous application to the spine, thoroughly frictioned, the undergarment renewed, the jacket reapplied and laced. This can be worn for months, the nurse making weekly removals for the purpose of bathing and friction. The child, as may be supposed, will feel very uncomfortable for a few days, but will gradually become accustomed to the presence of the jacket, accommodating its movements therewith, apparently understanding the object of the new apparel, and accepting it with a reasonable amount of consideration.

In a recent case, a child, three years of age, having a pronounced anterior curvature of eight months' duration, producing loss of power in lower extremities, emaciation, etc., the application was made as above described, and the child was able to walk at the expiration of the first month. The advantages offered by the dressing, applied in this manner, are these:

Owing to its comparative non-shrinkage property, it can be applied directly over the merino vest, abolishing the use of the folds of linen or pads.

While possessing the necessary degree of stability and adaptability, it is capable of being incised with an ordinary penknife, laced, and can be removed and replaced with ease.

From the rapidity of the process of setting or hardening, it can be applied without suspending the child in the regulation apparatus.

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THE USE OF LITHIUM BROMIDE IN COMBINATION WITH SOLUTION OF POTASSIUM CITRATE.

BY JOHN AULDE, M.D.

(Concluded from February number.)

CASE X.—A gentleman, twenty-five years of age, applied to me in January, 1885, for the relief of a disagreeable sensation in the cardiac region, accompanied by post-sternal tenderness on pressure. Aside from the frequent action of the heart (120 per minute) the patient was in good health, but he said he did not rest well at night. Seven and one-half grains of lithium bromide taken three times daily, quickly relieved the trouble, although at the expiration of a week, he took for his convenience ten grains night and morning. He was under treatment but a few weeks, but he gained flesh rapidly, the pulse was reduced to normal, and he appeared well in every respect.

CASE XI.— Miss M., twenty-four years of age, suffered for many years from what the doctors said was rheumatism. She had been under treatment of several physicians, had been in the hospital for three months, but had never been benefited even temporarily, and was worse after hospital treatment than before. She presented all the symptoms of rheumatoid arthritis, and the pain was so great at the metatarso-phalangeal articulations that she walked with difficulty. Commencing with seven and one-half grains of lithium bromide three times daily, in a few days the amount was increased to ten grains, and with perceptibly good results, but the patient was a hard-working girl, could not have the benefits arising from advantageous surroundings, and I am inclined to think that the food supply was insufficient in quantity, had it not been inferior in quality. She visited me irregularly for but a short time, so that the only opportunity given me was to order the medicine renewed or modified as circumstances indicated. While she took the medicine regularly she was comparatively free from pain, and erroneously came to the conclusion that since that was relieved there was nothing more to be done, and that she would get well. I make this observation here for the reason that I have many cases of like character; they seek the doctor when trouble overtakes them, but are unwilling to pursue a systematic course of treatment, a method exceedingly unsatisfactory to both patient and physician.

Case XII.—We have here an excellent illustration of that which I have just stated. Miss B. is a fragile young lady weighing but ninety pounds, who previous to my attendance had been subject to sudden attacks (hysterical?), during which she would lie unconscious for hours. She had been subject to these attacks for years, neither increasing in severity nor in frequency, and they did not seem to bear any relation to the menses. She has never been affected by them since she took lithium bromide with a solution of potassium citrate, although she occasionally feels badly, and sends for me or comes to the office, and is given the same preparation. It is now some time since I saw her last, and it is my impression that she is doing better. Her mother says she seems to be much stronger and enjoying life more than for many years.

Case XIII.—On the first of February, 1885, a young man, aged twenty, applied to me for treatment with the following symptoms: He was engaged in driving a huckster's cart until a short time previously, but had been compelled to discontinue that business for the reason that he had not sufficient strength to stand the exertion, and for the preceding few weeks had been doing nothing, thinking probably that he would recover with rest. Amongst the many symptoms which he presented was one which, from its bearing, could not well be overlooked, to wit, the passing of large quantities of water during the night, but during the day this symptom was not prominent. Various measures were adopted for the relief of this difficulty, but up to the time he called on me all efforts in this direction had proven fruitless. He had learned, however, that when he ate nothing late in the evening that he was disturbed less, while the eating of an apple just before bedtime would invariably increase the flow. Small doses of aconite combined with a little belladonna lessened the frequency of the pulse, so that at the end of a week the rate was reduced from 120 to 96 per minute. The treatment was continued for another week, and the pulse-rate reduced to 84 per minute, but there was intermitting every tenth beat, and he still complained that he was weak and nervous. The improvement thus far was more apparent than real, and I determined to place him on the lithium bromide combined with a solution of the citrate of potassium, seven and one-half grains of the former and half a drachm of the latter. The result was favorable, for at the end of a week the pulse remained 88 per minute with but one or two intermissions in the minute. At this visit the examination of the urine showed specific gravity 1030, strongly acid, but no trace of sugar. An attempt to return to drop doses of the aconite tincture three times daily ran the pulse up to 100, intermitting every four to six beats, and as a matter of course the lithium preparation was ordered to replace it. The immediate good effects of the change were not to be gainsaid, as the pulse became strong, and remained at 90 per minute without intermitting, and for the first time he experienced a comfortable feeling. So much better was he that he thought favorably of returning to work, but as his duties required considerable exertion at times, and involved no little exposure, I advised him to remain out of employment. The medicine was continued regularly, and on the 18th of April the urine was examined and found to be 1028 sp. gr., still strongly acid, the action of the heart regular, 88 per minute, but far too strong. The amount of lithium bromide was then increased to ten grains three times daily, and he continued to improve The medicine was varied from time to time for another month, when he was finally dismissed perfectly well.

Case XIV.—Mr. S., æt. 35, was a grocer's delivery man, and felt too tired to work, so he came to me and I ordered him to take seven and one-half grains of lithium bromide along with half a drachm of liq. potass. citras, and at the end of a week he was ready to go to work again.

Case XV.—Mr. M., æt. 25 years, worked in a mill, had a dull pain over the loins, with stiffness of the muscles of the back, and was tired all the time. He was given ten grains of lithium bromide three times daily, with two-thirds of a drachm of potassium citras solution, and the urine examined a week later. It was found to contain large quantities of urates, was strongly acid, with a sp. gr. of 1022, but he was very much better and the medicine was continued. He took the medicine for the period of two weeks, and nothing else, and has been quite well ever since, a period of nearly two years.

Case XVI.—So much space has already been taken in relating the foregoing cases that it will be necessary to curtail my list, and I shall therefore refer to those only which present

symptoms particularly worthy of notice. The patient in this case was a young lady aged nineteen years, who had been under treatment for the preceding twelve months. Her physician had told the mother that she had been poisoned by the dust from the street on which they lived, and that the effect of her seeing the blood-colored waste from a slaughter-house near by, was the production of such a shock on the nervous system that they had better remove from the neighborhood if they hoped to have the patient regain her health. Accordingly they moved, but months passed without the least sign of improvement, and I was consulted on the first of January, 1886. The patient presented briefly the following symptoms: Countenance bleached and melancholic, eyes heavy and conjunctivæ tinged with yellow, tongue coated. Physical examination discovered a weak cardiac action with slight bronchitis, slight elevation of pulse and temperature, and the patient complained that she was unable to walk on account of her inability to breathe. She was too tired to walk, consequently she stayed always in the house; she never felt well, but she admitted on close examination that she felt worse one day than another. Here, then, was apparently a simple case of malaria, so-called; but I was convinced that there was trouble beyond, and decided to observe closely the effects of treatment. Under the appropriate treatment the malarial element disappeared, and seven days later I prescribed for her lithium bromide ten grains, with two-thirds of a drachm of a solution of potassium citrate, to be taken three times daily. I may mention here that although the malaria had disappeared there was still the same old tired feeling which she had complained of for more than a year previously. At the next visit, which occurred on the 15th, I referred to her as the sick lady, when she said, "Oh, no, doctor, I am not the sick lady now; I am well." She was advised to continue the medicine, only taking it less frequently, and requested to report again at the expiration of ten days. An effort was made to impress on her mind the necessity of continuing treatment, and it was fully explained to her that what had been done in the way of treatment was in a measure preliminary, and that without active assistance from the physician nature would be unable to overcome the tendency to develop like effects from the same cause. These instructions, however, she wholly disregarded, and it was not until the following May that I saw her again, when she said she believed that it would have been better to have taken my advice in the first place, as she felt the old trouble coming back, and she promised to be more docile in future. In this instance I began where I had broken off, and she was dismissed a few weeks later apparently perfectly cured. Fortunately my services were appreciated in this case, as she favored me with a call a few weeks ago for the purpose of telling me how completely she had regained her health.

Case XVII. is that of a gentleman aged fifty-seven years, who wished to be treated for rheumatism, for the reason, as he said, "that all the other doctors he had consulted for the preceding twelve years had treated him for rheumatism." There was the same peculiar action of the heart as previously mentioned, stiffness in the back, and inability to lie in bed on the left side, together with insomnia. To use his own words, "he felt irritable and out of sorts with everybody." At the expiration of a week he reported that he was able to sleep comfortably the whole night, that the irritability had disappeared as if by magic, and he believed that I had discovered for him the elixir of long life. The treatment consisted in the administration of the two remedies just mentioned above. The urine was examined at this visit, and found to contain large quantities of urates, no albumen, but the specific gravity was only 1010. The medicine was continued at less frequent intervals for another week, suitable treatment followed, and the patient made a perfect recovery, and a year has now elapsed without any tendency of the malady to return.

Case XVIII. is that of a mechanic, aged thirty-two years, who had suffered more or less since 1881 from rheumatism in one knee, at which time he experienced a slight attack of rheumatism affecting the whole system. He consulted me for stiffness of the muscles of the back, both dorsal and lumbar region. His work was such that he was required to stand in a stooping position the greater portion of the time, and the physician whom he had generally employed informed him that in order to get rid of his trouble it would be necessary to change his business. The urine on examination was found to be negative, that is, there was nothing peculiar about it except that it was

of high specific gravity, and strongly acid. The faradic current was applied on the 19th and 27th of February, 1886, and in addition thereto he was ordered to take the usual bromide of lithium mixture. He had no other treatment, and has not complained of any trouble in that direction since.

CASE XIX.—Mr. B— was a mechanic, æt. 36 years, and had been constantly under treatment for the preceding four years. His complaint was that he was unable to attend properly to his business, and that he failed to get any sleep until far past midnight. I ordered him to take the usual mixture of lithium bromide, and requested him to call on me as soon as it was all taken. At the time he called I did not see him, but he reported a week later that he had the medicine continued on his own responsibility, and that he had made rapid progress. He could go to bed at the proper time, sleep all night, and as far as looking after his business interests, he never felt better. This patient continued under my treatment for another week or two, and was dismissed wholly relieved, and has been well ever since.

CASE XX.—About the middle of last September, a married lady, thirty-five years of age, consulted me in regard to her condition, presenting the following history. For several years past she has been very much worried in regard to her failing health, and had passed through the hands of several physicians. Her medical attendant having failed to aid her either mentally or physically, a celebrated physician was consulted, who diagnosed a beginning cavity at the apex of one of the lungs, but a physician in ordinary having been consulted soon after, he condemned the previous diagnosis. As she did not appear to derive any benefit from the treatment of the latter, he was shortly dismissed, and a gynæcologist was called in, who treated her actively for uterine disease. Another gynæcologist on being called in dispelled this illusion, and referred her to a laryngoscopist, who said she was afflicted with a disease peculiar in its nature, in addition to the throat trouble, but that it would take time to eradicate it, and it would be best for her to consult a general practitioner. Her view was that she had dyspepsia, in addition to all these other affections which her attendants had given her. I found on examination slight bronchial irritation, with no indications of organic disease, but the labored action of the heart indicated that there was a demand for the lithium bromide mixture, and it was accordingly given. A week only elapsed before there was decided advantage apparent in her condition, and at the expiration of another week, she felt so free from any discomfort, that it required some persuasion to have her continue treatment for at least a short time longer. This patient has remained well since the foregoing treatment was instituted, and there does not appear to be any tendency on the part of the malady to return.

In the preparation of this paper it has been found impossible to so condense the matter that I could add to the foregoing a discussion as to the methods by which these results had been secured. It would be interesting to make a careful analysis of the different cases, with a view to selecting those which would be benefited by this combination, and learn, if possible, the relation which this treatment bears to a healthful action of the functions in general. It would be profitable, too, to have the views entertained by different members of the profession in regard to the pathological conditions existing under such circumstances, and the methods which are suggested for their relief. A considerable number of the cases cited had undergone treatment previous to coming under my observation, but without material benefit, and the question naturally arises as to whether or not some other method of treatment would have answered as well. Replying to the latter question, I can safely say that no other treatment is equally efficacious in the large majority of cases, but I venture the statement that in long-standing cases this treatment should be considered only as preliminary. I have collected references from current literature and from text-books, both at home and abroad, and may be able shortly to present a further contribution to the subject.

4719 FRANKFORD AVENUE, Philada.

SELECTED ARTICLES.

A PROTEST AGAINST INDISCRIMINATE MEATUS-CUTTING.

BY J. W. S. GOULEY, M.D.,
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URETHRAL strictures of the balanic region, whether congenital or due to injury or to disease, are well known to be of very frequent occurrence, and to be often

accompanied with dysuria, vesical irritation, "reflex neuroses," and other symptoms; but, of late years, the import of these consequences has been greatly over-estimated, and this has too often led to rash and unwarranted surgical interference.

Meatus-cutting, or, to give the operation a proper, technical name, porotomy, has become the fashion, and every adolescent and adult, who is not inflicted with congenital hypospadias, must have his meatus cut, for he is told that the nozzle of his urine-hose should be of greater calibre than the hose itself. He submits to this medical decree, however contrary he knows it to be to general physical and mechanical laws, and, inasmuch as nearly every tyro in medicine also accepts this view, he is ready to undertake the mutilation—for what surgical operation is of easier performance than porotomy? The consequence is, that there are at this moment, throughout this vast country, thousands of men who cannot urinate while standing without wetting their shoes, and who are suffering from other inconveniences due to traumatic balanic hypospadias, and there are already surgeons undertaking operations for the repair of the deformity, as was the case among gynæcologists after the uterus-cutting craze had died out.

The doctrine that the meatus should be the largest part of the urethra, is not only unsound but most dangerous, and is leading to much evil to sufferers and physicians. It is, therefore, high time to protest against the indiscriminate performance of porotomy, and particularly against those incisions which result in deformity of the urethra.

The congenitally narrow urinary meatus is very often encountered, yet comparatively few patients are ever inconvenienced by this defect. Many elderly men who seek the surgeon's advice on account of prostatic obstruction to urination, are surprised when told that the external urethral orifice is abnormally narrow, and say that they never suffered in consequence of this abnormity, which they had not before regarded as such, and that, until came the prostatic obstruction, the bladder was always easily and quickly emptied. In a considerable number of such cases the meatus barely admits a catheter of the diameter of three or four millimetres. Of course, here it is necessary to enlarge the meatus by incision to a degree sufficient to permit the easy passage of suitable catheters, or of a fair-sized lithotrite, should the presence of a vesical stone render necessary the use of such an instrument, but to incise through and through the whole balanic region is, to say the least, as unwarranted as it is unsurgical.

It not unfrequently happens that surgeons are consulted by middle-aged men, with congenital stricture at the meatus, who, having contracted their first urethritis, are for the first time inconvenienced by the narrowness of the urethral orifice. In these cases the urethritis lingers in the balanic region, and does not resolve, as does generally the first attack, but becomes chronic. For months thereafter continues the purulent discharge, the glans penis is indurated, the lips of the meatus are red and swollen, and urination is more or less impeded. The surgeon's skill being at last invoked, he forthwith decides to perform the operation of porotomy, which he follows by catheterism of the balanic region once every second day, until cicatrization is complete, and thus obtains a radical cure of the chronic urethritis and of the congenital stricture. But for this attack of urethritis the patient might never have known that he had an abnormally narrow meatus. Many practisers of medicine can tell a similar story.

Strictures of the balanic region are not ordinarily amenable to treatment by dilatation, but require incision, which is the most prompt and efficient method that can be employed for their eradication; but the incision should be directed and proportioned in accordance with the size and conformation of the glans penis, and the condition of the extremity of the urethra. When, for instance, the meatus is normally situated, a sufficiently free, central, longitudinal cut along the floor of the urethra answers the purpose of simply enlarging, within proper limits, the contracted urethral extremity, but when there happens to be a slight balanic congenital hypospadias, this kind of incision only increases the deformity and fails to relieve the stricture, which can be successfully treated only by bilateral porotomy, performed in such a way as not to increase the hypospadias.

The object of these extremely free incisions of the urinary meatus seems to be to enable those who practise them to introduce instruments of very large calibre through the strictures, real or imaginary, of the deeper parts of the urethra. This indiscriminate over-dilatation of the urethra is another of the many

prevalent surgical heresies. What is the ostensible reason for thus overstretching the urethra? It is that the stricture or strictures may not recur. Let those enthusiasts follow their cases, and they will soon find that there are strictures that recur after any and all methods of treatment, while the majority are curable by simple dilatation, and sometimes in spite of their mutilations, and a few of these latter, and only these few, can they reckon among their cures. Now, it is asked, what are the results of frequently introducing sounds of the diameters of eleven, twelve, and thirteen millimetres into the average human urethra? The most careful observation of many cases so treated shows that while the stricture, in some instances, does not recur, the urethra as an organic channel is entirely spoiled; it becomes to a normal urethra what an old, worn-out, hardened, and entirely inelastic India-rubber tube is to one which has just come from the workman's hands. The urethra which is often over-distended by sounds or catheters soon loses a very considerable number of its mucous follicles, becomes dry, leathery, inelastic, patulous, and no longer capable of successfully propelling the urine, which at length slobbers out of the wide urethral orifice, instead of being forced, as it should be, in a well-formed stream, through a narrow outlet.

It is said that the genital functions also are impaired by this over-distention of the urethral canal.

Is it, therefore, ever justifiable to over-distend the whole urethra, and to maintain the canal in that state of over-distention? Most assuredly it is not rational or proper to do so. Useful instruments have been devised to obviate the evil of overstretching the whole canal. These instruments are so constructed as to over-distend, when deemed necessary, the strictured part only of the urethra, and save injury to the normal part of the canal, but they are little used. Dilating instruments of this sort should be occasionally employed during the treatment of strictures of the deep urethra, but the main object of moderate dilating catheterism is to restore the urethra, as nearly as possible, to its normal suppleness. Overstretching is here a traumatism which, when frequently repeated, is certain to destroy the suppleness and elasticity of the urethra, and render it almost useless as an organ of the human body.—*Medical Register.*

*RECENT ADVANCES IN ABDOMINAL SURGERY.**

BY HENRY O. MARCY, A.M., M.D., BOSTON,
President.

TO the practitioners of twenty years ago the name of abdominal surgery was unknown, and the abdomen was a closed cavity, except by accident or autopsy, save to a few daring spirits, generally condemned, and at times even ostracized, known as ovariotomists. The peritoneum was the *noli me tangere* of the profession, and its injuries considered almost necessarily fatal. Wondrous as has been the revolutionizing of general surgery within this period, in no other department has there been such innovations or such marvellous success. Do we wonder that the honors won by the heroic innovators have been freely bestowed by a grateful people? The anatomy of the abdomen and its contents holds a position of importance, quite other than formerly, when it was considered of value chiefly from its physiological standpoint. Each of its important organs is now within the realm of conservative surgery, and their pathological conditions will be here considered briefly from the surgical point of view.

First in importance is the alimentary canal. The recent valuable contribution of Dr. Maurice H. Richardson,† given in connection with his justly celebrated case of removal by gastrotomy of a plate of false teeth, lodged and retained in the œsophagus for more than a year, is worthy of careful study. The removal of foreign bodies from the stomach by section is plainly shown by experience to be justifiable, and, when done with the appliances of modern surgery, gives promise of brilliant results. Pyloric stricture, even when cancerous, may be accredited to come within the limit of permissible operation. The mortality from resection is not sufficiently great to deter operation; even when the danger of recurrence is considered, the relief from slow starvation and pain is a fair offset, although return of the disease is considered inevitable. The one case of resection of the pylorus performed by me for cancer was in itself not a very difficult operation, and the death, which ensued on the third day, was evidently due to exhaustion, as the wound was

* The annual address delivered before the Boston Gynæcological Society, January 13, 1887.

† Boston Medical and Surgical Journal, vol. cxv., p. 567.

hermetically sealed by the exuded lymph without septic inflammation.

The round, perforating ulcer of the stomach and duodenum, when reasonably clearly diagnosticated, may be regarded favorably from the surgical standpoint. Many cases are as terrible in their previous suffering and as fatal as cancer itself, while recovery following from excision would be permanent. A late distinguished member of our own profession, and my near neighbor, suffered for several years slow starvation, most severe pain, and finally death, from the perforation of a duodenal ulcer, although the other organs were healthy, and he yet in the prime of a former splendid physical development.

Occlusion of the small intestine is not rare, and, as a rule, is easy of diagnosis, whether from bands, intussusception, twists, hernia, or other cause; the danger of death is very great, and the usual custom of waiting until the patient is nearly moribund is, in a high degree, reprehensible. I have operated in a considerable number of cases, resulting in the saving of several lives. In two instances, ending fatally from septic causes, I removed a section of the intestine, and closed by a double, peritoneal, over-and-over tendon suture. The inflammation attendant upon foreign bodies in the appendix is usually fatal. Early surgical relief gives promise of a large percentage of cures.

Cancer of the rectum should be dealt with as coming within the limit of abdominal surgery. In many instances it is advised to dissect out the lower bowel without exsection until the healthy portion of the intestine is reached, and then to retain it by suturing to the healthy parts. This can usually only be done by entering freely the duplicated folds of the surrounding peritoneum.

Punctured and bullet wounds of the abdomen until very recently, and I fear now the general custom, were treated with opium, with death in waiting. Such wounds should be immediately examined with the greatest care, and, if in doubt as to the severity of the lesion of the abdominal organs, make exploratory incision, ligate all bleeding vessels, close with punctilious care intestinal wounds, cleanse the peritoneal cavity, if required, by antiseptic washing, and the statistical lesson already teaches there will result a considerable saving of life.

Acute peritonitis from any cause is almost invariably septic, and this explains the extraordinary mortality resulting from it. Under such recognition it would seem a just deduction to open the abdomen and treat as any infected wound. In one instance, already published, I washed out the cavity repeatedly with weak solution of mercuric bichloride, followed by recovery. The micro-organism was a staphyloccus and was cultivated through several generations.

Weakness of the abdominal wall, giving hernial protrusion of the contents, has long been recognized as a legitimate field for surgical closure, but most of the operations still classic and advised in the standard text-books of the day are based upon the fear arising from exposure or injury to the peritoneum, and on this account are faulty. These blind, difficult operations, giving, as a rule, most imperfect results, are in a way to be superseded by simple incisions, usually through thin walls and structures involving few important vessels, with the careful adjustment and closure of the parts. I look with greater satisfaction upon the simple operation for hernia, now generally accredited to me as the originator, than almost any other contribution which I have made to surgery.

The walls of the ring are freely exposed, the peritoneal pouch removed, if large, and the pillars and tendinous structures are approximated by tendon sutures aseptically applied. This method, outlined in a single sentence, is applicable to all the varying forms of hernia, and, during an experience of sixteen years, I have never seen cause to regret its use, and, from the lesion of the abdominal wall alone, I have not had a single death. I do not hesitate to advise its use in all severe cases of hernia, and, almost without exception, in the young.

Of the organs next in importance, the liver may be considered. Abscesses and hydatid tumors have been incised, but generally only after a surrounding inflammation has agglutinated the parts to the external surfaces, and it yet remains to be determined how much farther the surgical domain may extend to affections of the liver. In Mr. Tait's thirteen cases of hepatotomy, the operation was in all a simple incision of the abdominal wall, emptying and cleaning the cyst, and stitching the cyst and abdominal wall together, with drainage-tube retained until union between the two peritoneal surfaces had taken place.

In cases of injury causing hemorrhage it may

be a justifiable operation to perform laparotomy, and, by tampons of iodoform gauze, make compression, or, by the thermo-cautery, stop the hemorrhage.

Cholecystotomy is now well established as an operation to be advised in a large class of cases usually otherwise fatal, and which are yet generally relegated to the domain of medicine. Every practitioner has in mind a greater or less number of such cases. Within a short time two of my own friends have died from impacted gall-stone, as shown by autopsy, and the surgical measures advised were rejected because of the adverse counsel of several of our best physicians. Mr. Tait calls attention to the fact that jaundice may not be an important symptom; indeed, in a number of his most interesting cases, it was never present. His experience is unprecedented, both in number of cases and percentage of recoveries. This subject is of universal interest, as the patients usually first come under the treatment of the physician. It should be emphasized that this operation is not to be relegated as a *dernier ressort.* If it is clearly established that the gall-bladder is enlarged, with biliary obstruction, an early operation is advised, as statistics now show that operations upon the gall-bladder are followed by results as satisfactory as laparotomies from any cause.* The diagnosis is usually not difficult, and the enlargement of the gall-bladder is generally found on a transverse line, running from near the tip of the cartilage of the tenth rib on the right side, crossing the middle line slightly below the umbilicus. As a rule, aspiration should not be resorted to as a means of diagnosis. Laparotomy, as a means of exploration, does not involve a much greater danger, and gives a far better diagnostic knowledge.

Let the incision follow the line of the tumor parallel to the curve of the rib. Stop with care all bleeding before opening the peritoneum. Make the opening large enough to examine carefully the bladder and ducts; two fingers may suffice, the whole hand, if necessary. If a calculus is in the duct, release, if possible, and determine the patency of the canal. If the contents of the bladder can then be pressed into the intestine, thus empty before opening. Use every precaution not to allow bile to enter the peritoneal cavity. After removing the calculi, in such cases, it is evidently better to close at once the opening with a carefully adjusted, over-and-over, continuous tendon suture, making a double puncture of the peritoneum by a needle, without cutting edges, on each side of the incision at every stitch, as advised in enterectomy. Thus the cut edges are turned in, and the peritoneal surfaces approximated, with an accurate adjustment impossible with the interrupted suture; the wound is soon sealed with an impenetrable lymph. Aseptically done, the danger is reduced to a minimum, and the result is perfect, avoiding the fistula, which at best is troublesome, and may be fraught with danger. Upon the authority of a number of operators, including Mr. Tait, it is often impossible to determine satisfactorily the patency of the duct. In these cases the only wise way is to establish a fistula by carefully approximating the divided edges of the gall-bladder to the peritoneal wound. The cut of an inch or more is done only after the bladder has been aspirated of its contents.

Professor Langenbach removed the gall-bladder by ligating the cystic duct, and has offered it as a substitute for cholecystotomy. He has reported ten cases with two deaths. Three other cases followed by recovery have been reported. Professor Langenbuch has also twice crushed calculi in the common duct; once by means of forceps, once between the thumb and finger.

Dr. Gaston advocates the uniting of the gall-bladder to the duodenum, leaving a fistulous communication. He bases his opinion upon his interesting experiments with dogs. Eighty per cent. of the animals died, and Mr. Tait opposes the measure as virtually impracticable. Even after recovery there would be serious objection to such a connection, and it is clearly evident that the gall-bladder as a receptacle for bile is of less importance physiologically than earlier believed. Extirpation, when there is biliary obstruction, may be advised in a certain class of cases.

In ascites from cirrhosis of the liver, or diseased kidney, the accumulated fluid adds much to the discomfort of the patient and hastens

*In his contribution to the recent meeting of the British Medical Association, Mr. Tait reports a summary of forty-nine operations performed upon the liver, and all but two were successful. Twenty-nine cases of cholecystotomy were followed by twenty-eight recoveries. "They establish beyond dispute that the operation, when properly performed, is as devoid of risk as any surgical proceeding possibly can be. In this particular it has the advantage over all the other proceedings advanced for the treatment of gall-stones, because in none of them has anything but a heavy mortality been obtained. The diagnosis of gall-stones is also in my hands, at least, approaching a greater degree of certainty than I ever thought it would do; indeed, in these twenty-nine cases, there were only three in which a mistaken diagnosis was made."

death. The serum is exuded from the distended capillaries, and the circulation is impeded in proportion to the pressure of the ever-increasing fluid. Dr. A. G. Caillè, of New York, recently reported two cases of ascites, dependent upon cirrhosis of the liver, treated by drainage. Although, from the nature of the disease, both cases resulted fatally, yet there was sufficient gain to warrant further trial. In June last, after an exploratory laparotomy, where there was an extraordinary effusion of ascitic fluid dependent upon cancer of the omentum, I resorted to drainage, thereby greatly relieving the patient. December 8th, I removed by tapping fifty pounds of fluid. Only a short time previous the patient had been tapped of a large quantity of fluid. He had been a drinking man. There was a diminished quantity of urine, with albumen and casts, as well as evidence of disease of the liver. On the seventeenth, I again removed twenty-five pounds of fluid. January 1st, after the removal of thirty pounds, I stitched into the opening a piece of one-eighth inch rubber drainage-tube. The flow, which had been continuous, lessened, until on the tenth I removed the tube. There has been no fluid for two days, and no evidence of fluid in the abdomen. It remains to be seen if there will be a return of fluid, which is most probable. The tube was protected by a pad of iodoform wool. It is certain no inflammatory action was set up about the tube, and from the conditions pertaining to the abdomen, a cavity with elastic walls, it seems very unlikely that septic material would find its way back through the tube.

The valuable contribution of Dr. Senn, of Milwaukee, upon the surgery of the pancreas, opens a new chapter of possibilities. The removal of the spleen for a variety of causes has taught valuable lessons in physiology, as well as affording cure from visceral injury. Hemorrhage is the more common cause of death.

The removal of the kidney, when it has become a cystic, or suppurating, tumor, is best accomplished by laparotomy. In certain conditions it may be preferable to reach it by lumbar incision. When removed by laparotomy, it is advisable to close with care the posterior peritoneum. There are certain rare post-peritoneal tumors which come within the limit of abdominal surgery. The most notable instance under my own observation was afterward operated upon and a large part removed by Dr. Homans, followed by death. It was a pure lipoma, but impossible to diagnosticate before exploration. It weighed over fifty pounds.

Tumors of the mesentery come within the catalogue of surgical diseases, although rare.

Wounds of the bladder, formerly so severe and dangerous, are now closed and, when properly done, with such safety and success that lithotomy may again become the preferred operation, by supra-pubic incision.

In the Obstetrical Journal for October, under the report of the Transactions of the Obstetrical Society of Philadelphia for May, Dr. Harris contributes the following interesting summary of Sänger's Cæsarean operation:—

"I desire, through this Society, to give publicity to the following statement, received a few days ago, in a letter from Dr. Sänger, of Leipzig, by which it will be seen that his method now stands unrivalled in the world in its ability to save human life.

"Locally considered, the Porro operation, as performed in the Santa Caterina Hospital of Milan, Italy, has, until recently, far exceeded, in its own proportionate success, all other Cæsarean methods in any hospital or country; but this, the best of all Porro successes, has now to be rated second, as compared with its younger German rival. Laparo-elytrotomy, a year ago, stood upon the same level with the Sänger operation in its rate of success; but now, the latter far outstrips it in the number of times it has been performed and in its proportion of cures.

"According to Dr. Sänger's letter, his operation, with its modifications and simplifications, has been performed twenty-five times, saving 18 women (or 72 per cent.), and resulting in 22 children being delivered alive, or 88 per cent. In these are included three fatal American cases, which, if not in an absolutely hopeless state before the operation, gave a very minimum hope of success. The European twenty-two cases saved 18 women, or $81\frac{9}{11}$ per cent. In the Maternity Hospital of Leipzig, Dr. Sänger has operated four times, Dr. Obermann once, and Dr. Donal once, saving all the women and children; in but one woman was there any special trouble after the operation. Dr. Leopold, of the Dresden Maternity Hospital, has operated nine times, and Dr. Carn once; the former lost one woman, all of the children were saved. Thus we have 15 women and 16 children saved under 16 operations, a

mortality for the former of only 6¼ per cent. Of the four deaths in Europe, two resulted from septic poisoning which existed at the time of the operation, and in the other two subjects it followed it."

Fibroid tumors of the uterus, so common that it is claimed twenty to thirty per cent. of adult women are thus affected, have received the study due such an important affection. The routine treatment of ergot, regardless of the relation of the growth to the uterus, may be hoped to have had its day, both for the benefit of sufferers and the physicians. It can be accepted, as demonstrated, that the value of ergot is limited almost entirely to intra-uterine growths where the uterine wall is sufficiently normal to cause muscular contractility, and thus by pressure either expel the tumor as a foreign body, or diminish its blood supply, and in this way interfere with its growth. The only wonder is that the profession have been so long in learning that constitutional remedies could hardly be expected to relieve, or cure local affections. Much of our present medical skepticism is the legitimate fruitage from disappointment in not obtaining results clearly beyond the domain of medication. Medicine, like surgery, must be rewritten in the near future, if it would be abreast with modern science.

The histology and development of uterine tumors are much better understood than formerly. The growth so presses upon the surrounding tissues that they are changed into a stretched-out network of muscular cells, making thereby an envelope or capsule. This, as a rule, causes the tumors to be early defined, even when interstitial, and it so changes the vascular supply that few vessels enter directly even the rapidly growing soft myoma. The vessels of the tumor are injected with great difficulty even under hydrostatic pressure, but the surrounding vessels are greatly enlarged, generally ectasic, and a considerable amount of nutrition, evidently, is due to absorption.

These facts have a direct and important bearing upon the surgical relation and treatment of small myoma. I commenced my histological and pathological studies of uterine tumors in the belief that they would lead to the demonstration of the comparatively safe, and therefore advised, removal of small interstitial myoma, and thus save the patient unmutilated from further danger; but I have found that it is the decided exception to have the myoma develop single, and when once established, from an as yet unknown cause, there is a tendency to recurrence.

From the increased vascular supply, the uterine wall incised over the growth bleeds immoderately, and is controlled with difficulty. The methods for controlling hemorrhage, which I have devised and which are now largely adopted, of the rubber dam and elastic ligature at the neck of the uterus, aid materially. Except the emptying of the divided veins the operation is bloodless. The so-called shoemaker's stitch (the needle, set in a handle without a cutting-point and eye near the end, carries a tendon back and forth through the same puncture in continuous suture) was adopted for a further aid to this purpose, although its use has now been applied for a variety of purposes. By it, the coapted uterine walls may be retained, and the peritoneal surfaces closed by a fine over-and-over tendon, or catgut suture. The needle punctures are liable to ooze and have given, at times, trouble, obliging me in one case to perform hysterectomy.

Of course, when the tumor is large and operation is admissible, hysterectomy is the only recourse. This has been proved to be so serious an operation, and followed by so large a percentage of mortality, that it is thus far advised only when the tumor itself endangers life. A large factor in the mortality is the ensanguinated and exhausted state of the patient, which causes the operation to be advised as an alternative.

When done, there can be no doubt that the temporary ligation of the uterine neck by the elastic ligature, as referred to above, adds greatly to the ease and safety of the operation. I have also found Sir Spencer Wells's large compression forceps of material assistance. The stump should be cut in double flap, the mucous membrane of the cervical canal carefully disinfected with $\frac{1}{5\,0\,0}$ mercuric bichloride, the parts adjusted and coapted by continuous suture, as advised in excision of small growths, and the cleansed vagina tamponed with iodoform cotton. The removal of the appendages to lessen the uterine growths has become, through the labors of Battey, Savage, and Tait, well established. It lessens, of course, the blood supply to the organ, and thereby diminishes nutrition of the uterus, but it accomplishes much more in arresting the physiologi-

cal function of ovarian action, and thus changing the cellular activity of the uterine structure. The glandular proliferation which accompanies menstruation ceases, and in a very large number of cases the tumor not only does not enlarge, but, on the contrary, slowly atrophies, and in some instances disappears altogether. This, aseptically done, in a comparatively vigorous woman, gives promise of excellent results. There can be no doubt but a large class of women now relegated to protracted suffering and death, at long range, can be restored to health and vigor by surgical intervention.

We owe to our justly famous cotemporary, Dr. Robert Battey, the distinguished meed of having defined and established the operation for the removal of diseased ovaries when not enlarged from cystic degeneration. It was a still greater gain to science when Mr. Tait enlarged the field of the operation to include diseased uterine appendages. To Dr. Noggerath, of New York, belongs the honor of having shown the relationship of salpingitis to gonorrhœal affections as, in a large degree, casual. The now well-established rôle of this peculiar surgical ferment aids materially in diagnosis and treatment.

Gonnococci, locked up in an enlarged fallopian tube, not only give local trouble not amenable to medication, but often threaten life itself by their escape into the surrounding parts. The only fatal case occurring in my experience after repair of the cervix, a list of operations now so large as to be scarcely thought worthy of separate record, was a septicæmia, dependent upon a dilated suppurating tube, not discovered until at autopsy.

It may be well to consider, if a large share of our so-called pelvic inflammations are not dependent upon local infections from a variety of surgical ferments, rather than from the time-honored causes of "catching cold," wet feet at menses, etc.

Dr. Wiley, of New York, has published a considerable list of cases at the Bellevue Hospital as incurable, where the removal of the uterine appendages restored the women to health. The tubes were invariably diseased, with ovaries bound down by adhesions. Nearly all had led a life of prostitution.

Dr. Gordon, of Maine, has contributed within the year to this Society a long list of operations for the removal of the ovaries and tubes with excellent results. At our last meeting, I exhibited the specimens recently removed—and the patient is now convalescent—of greatly enlarged tubes with ovaries, also enlarged and matted together with adhesions. The case is interesting, chiefly from the fact that the patient was under my personal care when suffering from acute gonorrhœa years since, and has remained until now a sad invalid, never amenable to medical treatment.

After this necessarily hasty and imperfect review there remains only to note the recent advances in ovariotomy, the operation which paved the way for the wide field of abdominal surgery. Here the great advance made in general surgery by aseptic measures is equally pronounced. Putting aside shock to the vital force, hemorrhage, etc., the great danger overshadowing by far all others is septic infection. Mr. Tait, as a leader in surgery, stands almost alone in opposition to the statement. Infection, with little doubt, comes chiefly from hand and sponges. The most scrupulous Listerian disciple cannot outvie Mr. Tait in enforced cleanliness. His sponges are an especial care and just pride, while no operator more carefully removes the very material, too often left in the pelvic basin, which will serve as food for bacterial development.

Spray may be superfluous, but I do not feel safe to omit its use. The operating-room, as in all laparotomies, must be not only clean, but well disinfected. The hands, arms, sponges, and ligatures are thoroughly disinfected with $\frac{1}{1000}$ bi-chloride mercuric; instruments with $\frac{1}{40}$ acid carbolic. Irrigation is to be used, of $\frac{1}{2000}$ mercuric bichloride, so far as the wounds will permit—in a word, a thorough antiseptic operation.

The abdominal incision is made as short as can be practical, but nothing is gained by undue effort to work through a narrow opening. The greatest gain is from the intra-peritoneal method of treating the pedicle, here as well as with the ablated uterus. It is easy to understand why, when considered from the infectious standpoint, extra-peritoneal pedicles are a constant source of danger, even under the most careful dressing. The only possible gain can be from fear of hemorrhage. This may be practically excluded by carefully sewing with the double tendon suture as I have advised.

Dr. H. R. Storer made a marked step in the advance, in treatment of the pedicle, in advocating the disuse of the clamp and "pocket-

ing;" namely, suturing the pedicle, through and through, to the peritoneal surfaces of the wound, and then inclosing it with the divided wounded surfaces of the abdominal wall.

The late Dr. Miner, of Buffalo, treated the pedicle by his so-called method of stripping.

The careful study of an ovarian tumor will show that it has developed from beneath the reflected peritoneum of the gland, and that it may, in large measure, with care be enucleated from its investment. This is what Dr. Miner called stripping. When thus done, the fan-like expansion of the vessels over the growth is torn asunder, and the long subdivided vessels easily contract and may not bleed, even without a single ligature.

I have modified the treatment of the ovarian stump quite as advocated in the treatment of the uterine stump. With a strong tendon I sew the pedicle, if broad, with ten or twelve stitches. Thus ligated, the contraction is much less marked, and dragging on the tissues beneath is lessened. Then I separate, after the manner of Dr. Miner, the reflected peritoneum sufficient to cut a considerable border above the stitches. This secures the turning in of the cut edges, and the over-and-over suture, taken only through the free peritoneum, enables the operator to cover the stump with peritoneum entire, while the sewing is a further prevention from hemorrhage.

After practice only a little more time is consummated than in the ordinary way. The advantage is safety from hemorrhage, as the ligation can never slip and there is no necrotic tissue for absorption, as with a strangulating silk ligature, or charred from the use of the thermo-cautery, and, most of all, no absorptive surfaces for germ infection. The advance of ovariotomy in America has been rapid and very creditable to our profession. Born of American genius, cultured by the masters of Great Britain, it has given to the world the blessing of modern abdominal surgery, the greatest triumph of our art.—*The Medical Register.*

THERAPEUTIC NOTES.

ACUTE NEURALGIA.

℞. Morphia sulphatis . . gr. j.
Chloral hydrat . . . ʒiss.
Vini Portense . . . ʒiij.
M. Sig.—Dessertspoonful every two hours.

HÆMOPTYSIS.

℞. Morphia sulphatis . . gr. j.
Tinct. aconiti rad. . . ♏xvj.
Ext. hamamelis . . . fʒj.
Vini Portense . . . ʒj.
M. Sig.—Teaspoonful every hour.

CHRONIC BRONCHITIS.

℞. Tinct. nucis vomicæ . . ʒiss.
Tinct. capsici . . . ʒss.
Liq. potassii citratis . . ʒij.
Syr. simp. . . . . ʒij.
M. Sig.—Two teaspoonfuls in water four times a day.

GLEET.

℞. Tinct. belladonnæ . . . ʒj.
Acidi tannici . . . . ʒj.
Vini Portense . . . . ʒij.
M. Sig.—Use as an injection every second day.

INFANTILE COLIC.

℞. Spts. ammonii aromat. . . ʒj.
Elix. simp. . . . . ʒiss.
Syr. simp. . . . . ʒss.
M. Sig.—Twenty to sixty drops every half hour.

PERICARDITIS.

℞. Morphia sulphatis . . gr. j.
Hydrarg. chlor. mite . . gr. vj.
Sacchara alba . . . ʒss.
M. Ft. charta No. xii.
Sig.—One powder every two hours.

ACUTE NEPHRITIS.

Professor N. S. Davis recommends—

℞. Tinct. veratri viridi . . ʒiss.
Potassii bitart. . . . ʒiiss.
Aqua . . . q. s. ad ʒiij.
M. Sig.—Teaspoonful every four hours.

CARDIAC DROPSY.

℞. Tinct. belladonnæ . . ʒss.
Tinct. nucis vomicæ . . ʒij.
Tinct. digitalis . . . ʒij.
Spts. juniperi comp. . . ʒiiss.
M. Sig.—Teaspoonful in water after meals and at bedtime.

LOSS OF HAIR.

Professor William F. Waugh recommends—

℞. Quinia sulphatis . . . ʒss.
Chloral hydrat.,
Camphoræ . . . āā ʒss.
Ol. cajeputi . . . . fʒij.
Ol. myrciæ . . . . fʒj.
Alcoholi . . q. s. ad ʒviij.

Rub the chloral and camphor together, dissolve the quinine in the alcohol, add the oils and mix altogether. Apply a small quantity to the scalp three times a week.

PROLAPSUS ANI.

℞. Ext. nucis vomicæ . . gr. x.
Acidi gallici . . . ʒj.
Ungt. zinci oxidi . . . ʒij.
M. Ft. ungt.
Sig.—Apply night and morning.

VARICOSE ULCERS.

℞. Morphia sulphatis . . gr. v.
Bismuthi subnit. . . . ʒss.
Ung. simp. . . . . ʒiiss.
M. Ft. ungt.
Sig.—Apply twice daily.

RHEUMATIC FEVER.

℞. Acidi salicylici . . . ʒj.
Spts. ammonii aromat. . ʒss.
Syr. simp. . . . . ʒj.
Liq. potassii citratis . . ʒij.
M. Sig.—Two teaspoonfuls in water every three hours.

ASTHMA.

℞. Potassii iodidi . . . ʒiij.
Morphia sulphatis . . gr. j.
Tinct. belladonnæ . . ʒj.
Tinct. lobelia . . . ʒiij.
Syr. yerba santa . . . ʒiss.
M. Sig.—Teaspoonful in water every hour during the paroxysm.

TONSILLITIS.

℞. Tinct. veratri viridi . . ʒss.
Acidi salicylici . . . ʒss.
Spts. ammonii aromat. . . ʒij.
Syr. simp. . . . . ʒij.
M. Sig.—Teaspoonful in water every two or three hours.

AN EFFECTIVE COUGH MIXTURE.

℞. Tinct. opii deod. . . . ♏vj.
Tinct. belladonnæ . . . ♏iv.
Tinct. sanguinaria . . . ʒss.
Liq. potassii citratis . . ʒiss.
Syr. simp. . . . . ʒij.
M. Sig.—From one-half to two teaspoonfuls in water every three hours.

DYSMENORRHŒA.

℞. Tinct. stramonii . . . ʒss.
Ext. cimicifugæ fl. . . ʒiiss.
Vini colchici rad. . . . ʒiss.
Elix. simp. . . . . ʒiss.
M. Sig.—Teaspoonful every two hours.

GONORRHŒA.

℞. Tinct. belladonnæ . . ♏xx.
Tinct. gelsemii . . . ʒss.
Potassii bromidi . . . ʒiij.
Aqua . . . . . ʒiiss.
M. Sig.—Teaspoonful in water every four hours.

MALARIAL DYSENTERY.

℞. Pulv. opii . . . . . gr. vj.
Ext. hyoscyami . . . . gr. ss.
Quinia sulphatis . . . ʒss.
Ol. theobroma . . . . q. s.
M. Ft. suppos. No iv.
Sig.—Use one every two or three hours.

LITHÆMIA.

Dr. M. O'Hara has obtained gratifying results from—

℞. Tinct. belladonnæ . . ♏xviij.
Vini colchici rad. . . ʒij.
Liq. potassii citratis . . ʒiij.
M. Sig.—Dessertspoonful, well diluted, every three hours.

CHRONIC URTICARIA.

℞. Mass. hydrargyri . . gr. ij.
Quiniæ sulphatis . . . gr. xviij.
M. Ft. pilulæ, No. xii.
Sig.—One pill after meals.

EPILEPSY.

℞. Tinct. aconiti rad. . . ♏xvj.
Morphia sulphatis . . gr. ss.
Sodii bromidi . . . ʒj.
Aqua . . . q. s. ad ʒiv.
M. Sig.—Teaspoonful in water after meals and at bedtime.

INCONTINENCE OF URINE IN LITTLE GIRLS.

This is frequently caused by vulvitis, so common in scrofulous and badly nourished children. Sometimes it is caused by the presence of ascarides in the vagina. Excess of tonicity in the muscular fibres of the bladder is also a frequent cause, as is the feebleness of the vesical sphincter. With such a variety of causes it is useless to look for any one method of treatment that will reach all cases. Attention must therefore be given to the cause, and the first care must be to remove it. The following hints will prove of great assistance in the treatment:—

When the cause is a simple vulvitis, sitz baths, lotions of bran water, or water in which walnut leaves have been steeped. This should be followed by dusting the vagina with the following powder, applied by means of an insufflator: Starch, 10 parts; oxide of zinc, 5 parts; borax, 5 parts. Reduce to impalpable powder by thorough trituration.

If the vulvitis is diabetic there should be constitutional treatment. Cod-liver oil, syrup of iodide of iron, anti-scorbutic syrup, etc., suggest themselves to the practitioner.

Santonine, in doses of from one to four grains, will answer well in most cases, where not contraindicated.

If there be a want of equilibrium between the tonicity of the muscular walls of the bladder and the sphincter, belladonna should be administered, either in powder or syrup. The latter is preferable for little children.

When the incontinence is not only nocturnal, but accompanied by involuntary discharges of urine during the waking hours, recourse may be had to the following:—

℞. Ext. nucis vom. alc. . grs. v.
Ferri carbonat. . . grs. xxx.
Excip., q. s. ut fiat massa.
Mix and divide into thirty pills.

For children of from one to three years, one of the pills on retiring will be sufficient. For those from three to seven years old, one should be given night and morning.

For older girls, especially those menstruating for the first time, I prefer sulphate of strychnia to the extract of nux vomica. The officinal syrup in teaspoonful doses is most excellent. This medicine must be watched, however, very closely, and must be discontinued upon the appearance of the slightest muscular twitchings.

When strychnia alone seems to be insufficient, its action may be supplemented by faradization. The application should not last longer than three minutes, and should be given every other day, the positive pole being applied to the urethra and the negative to the supra-pubic region.—*St. Louis Med. and Surg. Journal.*

CIRRHOTIC KIDNEY.

℞. Hydrarg. bichlor. . . gr. ss.
Tinct. aconiti rad. . . ♏xij.
Aqua . . . . . ʒiij.
M. Sig.—Teaspoonful in water four times daily.

INSOMNIA.

℞. Chloral hydrat. . . . ʒij.
Lithi bromidi . . . . ʒij.
Syr. simp. . . . . ʒiij.
M. Sig.—Teaspoonful every two hours.

FLATULENCE.

℞. Tinct. nucis vomicæ . . ʒij.
Spts. ammonii aromat. . . ʒij.
Syr. zingiberi . . . . ʒij.
M. Sig.—Teaspoonful in water after meals.

TERTIARY SYPHILIS.

℞. Potassii iodidi . . . ʒiss.
Spts. ammonii aromat. . . ʒss.
Elix. simp, ... ʒij.
M. Sig.—Teaspoonful in water after meals.

SCARLET FEVER.

℞. Tinct. digitalis . . . ʒss.
Potassii acetatis . . . ʒij.
Aqua . . . . . ʒij.
M. Sig.—Teaspoonful every four hours in water.

MEASLES.

℞. Ammonii carb. . . . gr. xx.
Syr. scillæ comp. . . ʒj.
Syr. simp. . . . . ʒiss.
M. Sig.—Teaspoonful in milk every three hours.

PRURITUS ANI.

℞. Chloral hydrat. . . . ʒij.
Acidi carbolici . . . ʒj.
Aqua laurocerasi . . . ʒviij.
M. Ft. loti.
Sig.—Apply night and morning.

PROSTATORRHŒA.

℞. Tinct. opii deod. . . . ʒss.
Liq. plumbi subacetatis . ʒj.
Tinct. bryonia alba . . . ♏xij.
Aqua . . . . . ʒviij.
M. Sig.—Use as an injection once daily.

CHRONIC CONSTIPATION.

℞. Resinæ podophylli . . . gr. j.
Ext. nucis vomicæ . . . gr. iv.
Ext. gentianæ . . . . ʒss.
M. Ft. pilulæ xvi.
Sig.—One pill night and morning.

ACUTE MANIA.

℞. Tinct. aconiti rad. . . ʒj.
Morphia sulphatis . . . gr. j.
Vini colchici rad. . . ʒss.
Syr. simp. . . . . ʒiiss.
M. Sig.—Teaspoonful in water three times a day.

ORCHITIS.

℞. Tinct. veratri viridi . . ♏xvj.
Vini antimonii . . . ʒij.
Tinct. phytolacca . . . ʒij.
Elix. simp. . . . . ʒiss.
M. Sig.—Teaspoonful every four hours.

CHRONIC DIARRHŒA.

℞. Argenti nitratis . . . gr. ij.
Acidi nitrici dilut. . . ʒj.
Mucil. acaciæ . . . . ʒj.
Syr. simp. . . . . ʒij.
M. Sig.—Dessertspoonful every three hours.

NYMPHOMANIA.

℞. Tinct. veratri viridi . . ʒss.
Potassii bromidi . . . ʒss.
Aqua . . . . . ʒiv.
M. Sig.—Dessertspoonful in water three times a day.

THE
Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.
F. A. DAVIS, Att'y, Publisher.
A. L. HUMMEL, M.D., Business Manager.

Philadelphia, March, 1887.

OPIUM IN MALARIAL FEVERS.

THE routine practice of breaking up a chill with large doses of quinine is usually attended with such satisfactory results that the administration of any other remedy is seldom thought of. If an obstinate case be met with, the dose is doubled and trebled until cinchonism is produced or the paroxysms are checked, for quinine is the great specific.

It must be admitted, however, that there are cases in which the most heroic doses of quinine fail. Salicylic acid, arsenic, iodine, and other anti-periodics are then employed, and the patient makes a tedious recovery.

It is in these troublesome cases that full doses of opium will be found invaluable. In fact, before the introduction of cinchona into Europe, opium was regarded as one of the most potent anti-periodics. Paracelsus, Horstius, and others directed it to be administered a few minutes before the advent of the paroxysm. Berryat, who revived this practice in France during the eighteenth century, always gave six or eight drops of laudanum one hour before the chill to children of three to six years, ten to twelve drops to those ten or twelve years old, and fifteen to thirty drops to adults.

Surgeon-General Gunnell redirects attention to its value in the report of the Medical Department of the United States Navy for 1886. While he was in charge of the temporary naval hospital at Washington, during the war, a great number of cases of fever (intermittent, remittent, and continued) were admitted from the Potomac flotilla, which consisted of some thirty or forty small vesssels engaged in the blockade of the Virginia shore. When received at the hospital the history of these cases generally was that the men had been sick for several days and had been treated with quinine, and perhaps a mercurial purgative. He adopted a uniform plan with them. The patient on admission was given a warm bath, and placed in a comfortable bed with cotton sheets and gown. Most of them came from hammocks on shipboard, with the stains on their bodies of the blue flannel shirts which they had worn night and day. Some soup or milk food was given to them, and effort was made to determine the time of recurrence of the chill or fever. An hour before this time a hypodermic injection of morphia, one-sixth grain, was administered under the skin of shoulder or buttock. The result was invariably the same. When the time of the expected paroxysm arrived the patient was in a profound sleep, covered with perspiration; from this he awoke refreshed and ready for food, and convalescent. Not a grain of quinine was given any of these patients after reaching the hospital—generally no medicine of any kind—and the men were returned to duty after a few days in a condition of health. In some cases, where the exposure had been longer, or when the remittent tended to pass into continued form, the convalescence was more slow, but the result was the same.

INSOMNIA.

WHILE insomnia, or inability to sleep, is not a distinct disease, it is at times productive of so much distress, and interferes so seriously with the proper performance of the functions of the various organs of the body, that the best efforts of the physician are demanded for its relief.

Insomnia, in the overwhelming majority of cases, is the result of prolonged mental application or intense mental excitement. It may, however, be produced by a variety of causes. In some cases it is apparently due to the action of malaria upon the nervous system, in others it is secondary to diffused pruritus. It not infrequently follows the excessive use of tea, coffee, tobacco, or alcohol. It occurs in the course of all the sthenic inflammatory diseases, as the result of arterial and nervous excitation, and it is a constant symptom of typhoid and other low fevers, and is then indicative of extreme depression of the vital powers.

Pathologically, all cases of insomnia may be

practically divided into two classes. The first comprises those which are the result of nervous or arterial exaltation, and are characterized by an increase in the force and frequency of the pulse, accompanied by fulness of the cerebral arterioles. The second comprises those which are the result of nervous or arterial depression, and are characterized by a diminution in the strength and volume of the pulse, accompanied by anæmia of the cerebral arterioles, and hyperæmia of the venules.

The treatment, to be successful, must vary with the cause and pathological condition present. Opiates, chloral, and alcohol should only be employed after all other measures have failed, or the patient may be relieved from his distress only at the cost of contracting a degraded habit.

In ordinary cases, of only a few days or a week's duration, due to mental fatigue, the administration of from ten to thirty grains of the bromide of sodium or potassium, four times a day, will usually yield excellent results. In addition, the patient should be directed to refrain from mental occupations for two or three hours before retiring, and, if possible, to take a long walk instead. If the pulse is accelerated in frequency, but moderate in volume, five drops of the tincture of digitalis may be added with benefit to each dose of the bromide; if the pulse, however, be full and bounding, more benefit will be derived from the tincture of aconite or the tincture of veratrum viride, in doses varying from one to three drops.

In cases of longer duration, or more obstinacy, immediate relief can frequently be obtained by the administration, three times daily, of five minims of the tincture of hyoscyamus in half a drachm of the fluid extract of lupuline, or the fluid extract of lactucarium.

If the insomnia still persists, small doses of chloral, three to five grains, in combination with ten to twenty grains of the bromide, may then be employed, and will usually be found effective. There are cases, however, in which either morphia, or alcohol, or both must be given in order to obtain sleep. In such cases the greatest care is necessary, or the last state of the patient will be worse than the first. Minimum doses only should be given, and a bitter vehicle employed as a further measure of precaution.

Better results can usually be obtained from a combination of hypnotics and nerve tonics than from the former alone. The insomnia of the sthenic fevers can be most effectually relieved by a combination of opium or chloral with aconite, veratrum viride, tartar emetic, bryonia or ipecac.

The insomnia of delirium tremens and of the asthenic fevers is due to exhaustion of the nerve-centres, and should be the signal for the administration of capsicum, nux vomica, belladonna, stramonium, turpentine, and other stimulants. Opium, in small doses, and the light wines, may also be given with benefit. Malarial insomnia is not of frequent occurrence, but it is occasionally encountered, and can only be relieved by massive doses of quinine.

THE MEDICAL REGISTER.

THE MEDICAL REGISTER is a new twenty-four page weekly medical journal, which will be devoted to the best interests of the entire medical profession of the United States. Every number will contain from four to six original communications from the most thoughtful men in the profession, several pages of hospital reports and clinical lectures, and a *résumé* of everything worth reading in the current medical literature. It is handsome in appearance, convenient in arrangement, and eminently practical in character. It is edited by Dr. John V. Shoemaker, of THE MEDICAL BULLETIN, and Dr. William C. Wile, of The New England Medical Monthly. It will be issued every Saturday by the Medical Register Publishing Company, 1519 Walnut Street. The subscription has been placed at three dollars a year.

INTERNATIONAL MEDICAL CONGRESS.

NOTWITHSTANDING the covert opposition of a few disappointed specialists in the seaboard cities, Congress unanimously made an appropriation towards defraying the expenses of the Ninth International Medical Congress, which will convene in Wash-

ington in September, 1887. The success of this great scientific assemblage is now assured. The most eminent medical men of the world will be there, as the guests of the Great Republic, and the welcome which they will receive will be as cordial as it will be magnificent. Every American physician who can possibly attend the sessions of the Congress should send his name and subscription at once to the Secretary-General, Dr. John B. Hamilton, Surgeon-General United States Marine Hospital Service, Washington, D. C.

MEDICAL NEWS AND MISCELLANY.

Dr. H. Genet Taylor has removed to 305 Cooper Street, Camden, N. J.

Professor Ludwig Bandl, widely known for his original work in obstetrics, is dead.

Dr. W. S. Little, the eminent Philadelphia oculist, died at Aiken, Ga. on February 17th.

Dr. Thomas B. Evans has been elected President of the Baltimore Medical Association.

Dr. George H. Rohe has been elected President of the Baltimore Medical and Surgical Society.

Dr. T. Walker Murray has been elected Visiting Physician of the Methodist Episcopal Orphanage.

Dr. Joseph Taber Johnson was elected President of the Medical Society of the District of Columbia at its last annual meeting.

The Philadelphia Dental College held its twenty-fourth annual commencement at the Academy of Music, in this city, Friday evening, February 25, 1887.

Dr. W. M. Barry (Daniel's Texas Medical Journal) reports a case of opium poisoning successfully treated by the hypodermatic administration of four one-quarter grain doses of strychnia.

The Henry C. Boenning Medal, of the Philadelphia School of Anatomy, was awarded to Manley F. Gates, of the Medico-Chirurgical College, for the best examination in anatomy.

Bacteriology and its Clinical Therapeutics is the title of the general address which will be delivered by Professor Mariani Semmola before the Ninth International Medical Congress.

The Journal of Laryngology and Rhinology made its appearance in London on January 1st, under the editorial management of Drs. Morrell Mackenzie and R. Norris Wolfenden.

In March, Dr. Hunter McGuire will deliver the address before the Alumni Association of Jefferson Medical College, and in May he will make in Washington the address as president of the American Surgical Association.

Professor D. G. Brinton delivered the first of a series of thirteen lectures, on Friday, February 4th, at the Academy of Natural Sciences, Philadelphia. His subject was "The Prehistoric World in Europe—Palæolithic Age."

Back Numbers of The Medical Bulletin Wanted.—We will advance subscription two months for each copy sent us of The Medical Bulletin for February and December, 1886. Send to 1217 Filbert Street, Philadelphia, Pa.

At a class meeting held at the Jefferson Medical College, January 6th, the following gentlemen were elected class officers: President, D. W. Dodson, of Pennsylvania; Secretary, J. Frank Allen, of Illinois; Treasurer, W. E. Matthews, of Pennsylvania.

St. Louis Medical Society.—The Weekly Medical Review says: "In the fifty years' history of this society no administration was more successful than that of the President, Dr. E. H. Gregory." It also pays a high compliment to his successor for 1887, Dr. S. Pollak.

Dr. Thomas E. McArdle has been compelled, on account of ill health, to resign the position of Professor of Surgery in the Medical Department of the National University, Washington, D. C., and Dr. Philip T. Harvey, U. S. Army, has been appointed to fill the vacancy.

Dr. Reynolds, of Louisville, Chairman of the Committee of Arrangements of the coming meeting of the Mississippi Valley Medical Association, at Crab Orchard Springs, Kentucky, July 13, 14, and 15, 1887, announces that he has secured half-fare rates ($1.50 a day) at the hotel from Major Grant, president of the company, for all delegates, their wives, and friends.

The Philadelphia Clinical Society has elected the following officers for the ensuing year: President, Dr. James B. Walker; First Vice-President, Dr. Mary E. Allen; Second Vice-President, Dr. Susan P. Stackhouse; Treasurer, Dr. L. Brener Hall; Recording Secretary, Dr. I. G. Heilman; Corresponding Secretary, Dr. Emma Musson; Reporting Secretary, Dr. Mary Willits; Counselors, Dr. Edward R. Stone, Dr. Edward E. Montgomery, Dr. Amy S. Barton, Dr. A. Victoria Scott, Dr. Hannah T. Croasdale.

The twenty-first annual meeting of the Baltimore Medical Association was held at the Eutaw House on Monday evening, January 10th. For the coming year the following officers were elected: President, Dr. T. B Evans; Vice-Presidents, Drs. J. E. Michael and A. Atkinson; Re-

cording and Reporting Secretary, Dr. B. S. Roseberry; Corresponding Secretary, Dr. A. G. Watts; Treasurer, Dr. G. B. Reynolds; Executive Committee, Drs. S. T. Earle, G. H. Rohé, and H. F. Hill; Committee of Honor, Drs. W. E. Wiegand, George Thomas, and S. M. Free.

THE following circular has been issued by the President of the Section of Gynæcology of the Ninth International Medical Congress:—

BOSTON, February 1, 1887.

The Council of Section V. of the Ninth International Congress will consider it a favor to receive from physicians any original contribution upon such subject as you may consider germane to Gynæcology.

They will kindly communicate as early as possible to the President or the Secretary the title of their paper, and send an abstract of the same on or before March 30, 1887. Should they be unable to attend in person the Congress in September next, they will please send the full text of their paper, revised for publication, to the Secretary, not later than August 1st. Arrangements will be made for the illustration of papers by stereopticon projection. Very respectfully,

HENRY O. MARCY.

E. W. CUSHING, M.D., Secretary.

THIRTY-EIGHTH ANNUAL MEETING, AMERICAN MEDICAL ASSOCIATION—SECTION OF OBSTETRICS AND DISEASES OF WOMEN.—The following papers are announced for the June meeting in Chicago:

James E. Kelly, New York, "Lithiasis in Pregnancy."

Charles Meigs Wilson, Philadelphia, "The Technique of Ovariotomy."

Hiram Corson, Plymouth Meeting, Pa., "The Treatment of Abortion."

Wm. T. Taylor, Philadelphia, "Eclampsia."

W. S. Caldwell, Freeport, Ill., "Intra-Uterine Therapeutics."

George F. French, Minneapolis, Minn., "The Chief Source of Danger from the Use of the Uterine Sound."

B. E. Hadra, Austin, Texas, "Hysteria and the Ovaries."

The following gentlemen have signified their intention of contributing papers, but have not yet announced the topics: W. M. McPheeters, St. Louis, Mo.; A. McLaren, St. Paul, Minn.; John M. Keating, Philadelphia, Pa.; W. H. Wathen, Louisville, Ky.; H. F. Campbell, Augusta, Ga.; W. H. H. Githens, Philadelphia, Pa.; Howard A. Kelly, Philadelphia, Pa.; W. P. Manton, Detroit, Mich.; A. H. Halberstadt, Pottsville, Pa.

F. M. JOHNSON, M.D., *Chairman*,
Kansas City, Mo.

W. W. JAGGARD, M.D., *Secretary*,
2330 Indiana Ave., Chicago.

CASES OF SKIN ERUPTIONS AND SYPHILIS TREATED WITH HORSFORD'S ACID PHOSPHATE.—It appears to me that the "Acid Phosphate" originally prescribed by Prof. Horsford, of Cambridge, U. S. A., is not so well known in this country as its merits deserve. A glance at the formula will, however, readily convince one of its value in suitable cases. Each fluid drachm gives on analysis five and one-half grains of free phosphoric acid, and nearly four grains of phosphate of lime, magnesia, iron, and potash. The following are a few brief notes of some of the cases in which I have prescribed it with complete success:—

Mr. G., æt. 69, consulted me November, 1885, for eczema on the arms, legs, palms of the hands, and trunk. The patient complained of much debility and nervous exhaustion, and he was a man who had led a very busy life, with much worry. In December, 1885, I prescribed Horsford's acid tonic with much good effect, as in February, 1886, I heard that he was quite well.

Mrs. S., æt. 46, consulted me in December, 1885, for psoriasis, all over the body, more or less, especially on the legs and arms. In January, 1886, I prescribed a teaspoonful of the acid tonic three times a day with a marked good effect. Patient had been much exhausted by continuous nursing of an invalid mother.

Mr. C., æt. 64, consulted me in September, 1885, with one of the worst attacks of late syphilis I ever saw. After he had been relieved from the distressing symptoms, and ulcerations, I prescribed the acid tonic for epileptiform fits, from which he suffered, with excellent results.

Mr. McJ., æt. 63, consulted me in November, 1885, for lichen ruber, which was accompanied with intolerable itching. He was a nervous, irritable man. I prescribed the acid tonic with the effect that in December he presented himself quite convalescent.—JAMES STARTIN (Late Honorary Surgeon and Lecturer, St. John's Hospital for Skin Diseases, London; Honorary Consulting Surgeon to the Sheffield Public Hospital for Skin Diseases), *Medical Press, London, Eng.*

THE USE OF CRUTCHES.—The use of crutches in posterior spinal sclerosis, and all ataxic affections of the lumbo-sacral cord, is a procedure which, from satisfactory experience, we confidently commend to the profession as a very salutary therapeutic auxiliary in the amelioration and sometimes cure of the posterior spinal sclerosis, and states which resemble it.

Weir Mitchell's injunction of absolute rest is impracticable, not only because the patient will not comply with it for a sufficient length of time, but because, if complied with faithfully for a long time, what would be gained to the motor column of the cord would be but loss to the general health in lost general functional vigor.

The habitual use of two crutches by the patient whenever he assumes the upright position or walks, greatly relieves the lumbar and dorsal spine, especially about the lumbo-sacral juncture and between the fourth and fifth lumbar by transferring much of the body weight to the axillæ.

The use of the crutches must be enjoined as a constant habit, as much so as if the patient had a fracture or sprain of the leg; and when at rest he should be required to lie—as far as practicable and as much as possible—in a recumbent attitude.

The chief indication in this disease is rest, not absolute, but comparatively complete. All other indications are fulfilled through this.

In spite of all our injunctions the movements of the vertebral column and collateral special motor actions will be more than sufficient to avoid the possibility of atrophy from disease of any sound motor channels in the posterior root zones and columns of the cord, and the comparative rest obtained by this remedy gives a better chance for the damaged motor-conducting mechanism of the cord to undergo physiological repair.

At all events the use of crutches is a relief and a comfort to the patient, and our experience has now been sufficiently extensive and satisfactory to justify them confident commendation.—C. H. HUGHES, M.D., *Weekly Medical Review*.

THE INFLUENCE OF DRUGS UPON DIGESTION.—In this, which may be termed the dietetic era of medicine, little has been written concerning the effect of drugs upon the digestive organs. It has hitherto been the custom to administer drugs without much regard to their possible local action. The practitioner seeks to obtain physiological effects, and, while doing so, is unconscious that the process of assimilation is being gradually impaired, and the result often is that the digestive organs at last refuse to perform the work expected of them. When we reflect that a large proportion of the diseases ordinarily observed are the result of poor nutrition and faulty assimilation, it will be considered important that nothing should exist to impair their integrity.

In our own experience, asthenic or other states of the digestive organs interfere most seriously with the action of medicines. Under such conditions, iron and the various systemic remedies are almost certain to disappoint the physician, and all irritating and insoluble drugs serve only to aggravate existing evils. Articles have recently been published showing that alcohol impairs digestion.

If this be true, the universal practice of administering egg-nog and whiskey-punch in astnenic conditions must fall into disfavor.

Other experiments indicate that the vegetable bitters have a similar effect, which would render it inadmissible to administer the same during the process of digestion.

However doubtful these theories may be, it is advisable to guard with the greatest care the integrity of the assimilative process, to place nutriment before medicine in the large majority of cases, and to employ irritant and nauseous drugs only after careful consideration of their possible effects. Not only have many cases of chronic disease died of starvation through indisposition to take food, but from a positive inability to utilize the same by reason of previous overdosing. All attempts, therefore, to render medicine more palatable and more acceptable to the stomach should be met with encouragement by the medical profession, who are beginning to realize that in them lie some of the essentials of successful medication.—*Medical Register, Editorial.*

NINTH INTERNATIONAL MEDICAL CONGRESS. SECTION IV.—OBSTETRICS.—The attention of gentlemen who desire to contribute papers to the Section of Obstetrics is respectfully invited to the following extracts from the Rules of the Preliminary Organization:—

"Brief abstracts of papers to be read in the Sections shall be forwarded to the Secretaries of the proper Section on or before April 30, 1887. These abstracts shall be treated as confidential communications, and shall not be published before the meeting of the Congress. Papers relating to topics not included in list of subjects proposed by the officers of the Sections, may be accepted after April 30, 1887, and any member wishing to introduce a topic not on the regular lists of subjects for discussion, shall give notice of the same to the Secretary-General at least twenty-one days before the opening of the Congress. The titular officers of each Section shall decide as to the acceptance of such proposed communications, and the time for their presentation. No communication shall be received which has already been published or read before a society.

"The official languages of the Congress shall be English, French, and German. Each paper or address shall be printed in the 'Transactions' in the language in which it was presented. Preliminary abstracts of papers and addresses shall also be printed in the language in which each is to be delivered. All discussions shall be printed in English.

"All communications and questions relating to the special business of any Section must be addressed to the President or one of the Secretaries of that Section. As many details of the Congress and numerous appointments of officers are yet to be completed, other circulars will be issued from time to time, as circumstances may demand."

The meetings of the Section of Obstetrics will be held in Washington, D. C., on the afternoons of September 5, 6, 7, 8, 9 and 10, 1887.

PROF. DELASKIE MILLER, M.D., President, 2011 Prairie Ave., Chicago.

W. W. JAGGARD, M.D., 2330 Indiana Ave., Chicago; JOSEPH KUCHER, M.D., 33 East 33d Street, New York, Home Secretaries.

NOTE ON THE CAUSE AND CURE OF A FORM OF BACKACHE.—Early in the year 1881, in a note which was published in a weekly professional journal, I asked the attention of my brethren to a form of backache which had not, so far as I know, been described before. I desire now to refer to this subject again, and to record that my further experience in practice has confirmed my previous remarks upon the point in question.

Subjective symptoms are always important diagnostic signs, and they are often clear therapeutic indications. Amongst such sensations backache is frequently a leading symptom, and also one which is pressingly dwelt upon by patients. Of backache there are divers forms. Dr. George Johnson, in an able clinical lecture, and Mr. William Squire, in a practical memorandum, have drawn the attention of the profession to many of these. But they have not mentioned a variety of backache in which the cause of the pain is traceable to the condition of the large bowel. I find that some patients complain of pain, aching, dull, and heavy in character, and extending "right across the back." When asked to point out its position, they indicate this by carrying a hand behind the trunk and drawing the extended thumb straight across the back, in a transverse line, about half-way between the inferior angles of the scapulæ and the renal region. This pain I venture to attribute to a loaded colon; I conclude I have correctly found its approximate cause in fæcal accumulation in the large intestine. I have found it disappear after the exhibition of an efficient cathartic. This form of backache is a concomitant of habitual constipation, and is especially significant of the alvine sluggishness of sedentary persons. In such a condition, as I have stated elsewhere, I find aloes, given in combination with iron, to yield the best results. We owe the valuable suggestion of combining iron with aloes, when aloes is given for laxative purposes, to the late Sir Robert Christison. He showed that the cathartic property of aloes is much increased by its combination with sulphate of iron. Dr. Neligan, Dr. Kent Spender, and Dr. David Bell have confirmed this experience. I prefer socotrine aloes, and I give of it one, two, or three grains in a pill, combined with a quarter of a grain of sulphate of iron, and one grain of extract of hyoscyamus. This pill should be taken every night. We must aim at producing a full alvine evacuation after breakfast. When a saline cathartic is indicated, I usually employ the old-fashioned Rochelle salt. This "goes" well with tea, coffee, or cocoa. One or two teaspoonfuls may be taken at breakfast, dissolved in a large cupful of one of these beverages.—SIR JAMES SAWYER, *Lancet.*

PHARYNGEAL CATARRH AND PEPSIN.—Dr. J. Fisher, of Berlin, had a patient suffering with chronic pharyngeal catarrh (Berl. kl. Woch. 49–86). Various local and internal remedies were tried in vain, until, finally, the patient complaining of some transient gastric disturbance, caused by too luxurious a meal, the doctor advised him to take five grains of Jensen's pepsin, which, by the way, is also recognized in Germany as the best pepsin in the market, immediately after each meal. The patient, who, from the frequent medication had become averse to medicine, took the pepsin pure, half a grain of aromatic powder being added to five grains of Jensen's pepsin simply to preserve the latter in its dry state. The effect was remarkable. Not only the stomach improved, but after three days' use the pharyngeal catarrh also showed decided amelioration. Dr. F. then administered the pepsin in still larger doses, ten grains each, and two weeks later the catarrh had disappeared. The same remedy was afterwards tried in four more cases and with the same result, but other pepsin preparations failed.

There is one symptom that seems always to yield readily to Jensen's pepsin, viz., the peculiar dryness, of which patients suffering from chronic pharyngeal catarrh are so apt to complain. The remedy ought to be taken in its pure state, only a moderate dose of aromatic powder being added to keep it dry, and it should be allowed slowly to dissolve in the mouth.

There is a complaint intimately connected with the catarrh in question, viz., circular ulceration of the posterior nares. Patients suffering from this trouble usually have to hawk a great deal every morning, sometimes also in daytime, to their own disgust and that of others, until finally they expectorate a round piece of hard muco-pus, with the scab from the ulcer. The hawking is often so great that it leads to vomiting, and the symptom itself is a very annoying one. In a similar accidental manner, as Dr. F., Dr. Hugo Engel discovered that Jensen's pepsin, if regularly used in divided doses (ten to fifteen grains three to four times daily), especially if combined with muriate of ammonia (twenty grains three to four times per diem), and with powdered extract of liquorice (same dose as the muriate), to improve the taste, is almost a specific in the complaint spoken of. Only one must be careful to obtain the genuine Jensen's pepsin, there being many similar worthless preparations in the market, and they are substituted but too often for the

genuine article on account of their great cheapness. The tablets of Jensen's pepsin are well adapted for the purpose indicated, and may be taken separately from the sal ammoniac. In that case the aromatic powder may be omitted. —*Med. and Surg. Reporter.*

A NEW SYMPTOM OF GASTRIC CARCINOMA.—Professor Debove, speaking recently at the *Société Médicale des Hôpiteaux*, on the question of cancer of the stomach, said that it was very often extremely difficult to make the diagnosis, and he called attention to the fact that the German writers had written a good deal of late years to show that the absence of hydrochloric acid in the stomach liquids was a very important sign of cancer of that organ. Dr. Debove himself has been making a long series of experiments to see if this is of any value, and all his cases seem to prove that the fact is certain—so much so that he does not hesitate to declare now that it is an absolute rule in all patients attacked with cancer of the stomach that there will be found not the slightest trace of hydrochloric acid in the stomach juices. He presented to the society a patient who was a fresh example of the sign he wished to prove. Early in 1886 this man, who was about forty years of age, began to have some digestive troubles, accompanied with vomiting, and in August last he suffered with sharp pains in the epigastric region, and then came into Dr. Debove's wards. At first he was taken for a simple dyspeptic patient, but the gastric juice was examined, with the result of constantly finding lactile, but never hydrochloric acid. About a month ago a tumor was found in the usual region, which to-day is as large as an egg, and shows all the characteristic signs of cancer. As the sign of absence of hydrochloric acid existed when the patient was first seen, and when he was legitimately considered as only a dyspeptic patient, Dr. Debove is disposed to accord to it the utmost importance in the diagnosis of the disease. In the case cited, although there was some loss in weight, the patient was not cachectic, nor had he hæmatemesis or melæna, so that it was impossible to say that he had anything but dyspeptic symptoms. It is to be hoped that physicians will at once report all cases of the want of hydrochloric acid in the fluids of the stomach, and state what relation it bears to cancer, as, if this sign is sure, a very simple and easy mode of early diagnosis is discovered. Dr. Debove does not approve of the old method (Spallanzani's) of causing the patient to swallow a small sponge, and then withdrawing it, to obtain the gastric juice, but prefers to use a stomach-tube, and he also examines the vomited matters. As to reagents, he uses gentian-violet and Poirier's No. 4 orange-color for the hydrochloric acid test, and perchloride of iron and carbolic acid for the lactic acid. The gentian-violet gives a blue color, the Poirier's solution gives red, and ten drops of a watery solution of carbolic acid, with three drops of solution of perchloride of iron, will pass from an amethyst-blue to yellow, in the presence of lactic acid. It should be stated that experiments were first made on healthy subjects, to get and test the normal hydrochloric acid from the gastric juice, and that these trials should be made during digestion.—*Paris Correspondence New York Medical Journal.*

A EULOGY OF CARBOLIC ACID.—The man who first made carbolic acid was, indeed, a benefactor to his race. Its uses are innumerable; and its value as a remedy is but half known and appreciated. There is no one remedy in the whole Pharmacopœia that has a wider range of application, nor which is adapted to so many, and such diverse pathological conditions. Its value is appreciated in many forms of disease—but we believe it is not generally known that in superficial inflammations it is almost a specific. We see tannin—a saturated solution, much praised as an application to in-growing nails—but its effect is nothing to compare with the prompt and satisfactory action of pure carbolic acid. The inflamed part may be as tender and as sensitive as an inflamed eye, and one application of carbolic acid, poured or dropped from the vial directly on it, so as to penetrate under the nail, will relieve the pain almost instantly; and if applied at bed-time, next morning the part will be as insensible to the touch as wood. After this, the corner of the nail can be clipped off, or allowed to remain, and an occasional application will *prevent* the recurrence of the trouble.

Almost the same may be said with regard to bone-felons and ordinary boils. If applied early, carbolic acid not only will relieve the pain, but will prevent the formation of pus—will dissipate it. The same with those troublesome things called "sty;" but caution has to be observed here. The application is best made by a small, pointed stick—a match-end, trimmed to a point. Carbolic acid is recommended for freckles, but the limited trials we have made of it in this trouble has not convinced us of any great value. The trouble is, it will destroy the epidermis, and with it, the pigment will be removed; but it is apt to leave a spot darker than the freckle.

Perhaps the greatest value carbolic acid possesses, in addition to its well known effect in hemorrhoids, is the power to remove *warts*—those ugly, horny excrescences which often disfigure one's hands. We first used the carbolic acid on an ugly, old, cracked-open, fissured wart, on a little girl's finger. Three applications caused the wart to drop off, leaving a clean, healthy surface, and there has been no return. Since then, we have removed many; some requiring

only one application; and one of those ugly pedunculated warts on the face. We have had several to drop off on being touched once only; ugly, disfiguring moles also can be gotten rid of by this means, though it occasionally requires several applications; and if the mole be situated on a tender part of the body, say the neck, it sometimes makes a sore for a day or so. We do not claim originality in the above, but we assert that we have never seen any mention of the use of carbolic acid in this connection, except for condylomata, and it was suggested to our mind by the sensation and effect produced by getting a drop or so on our hand, accidentally. To relieve itching, it is also powerful; but, in most cases, the remedy is worse than the disease; not that it is painful, but for days, there is a sense of *drawing*, of tightness of the part which is uncomfortable.

A good deal has been said lately about erythematous rash produced by quinine. We are, in our own person, a striking illustration of the truth of the claim that quinine will produce such a rash. The singular part of our case is, that the smallest quantity of quinine (or of bark, or of the tincture) will, in a few hours, cause a bright red eruption on the skin, irregular, circular patches, and they invariably make their appearance in the same places, and nowhere else, and of the same size and shape. These are attended with the most intense itching, such that *scratching* will allay only for a brief period. One of these torments comes in the palm of the hand on taking the minutest quantity of quinine. It was to this palmar rash that we first applied the carbolic acid, in a frantic endeavor to get rid of the intense pruritus. It was a success, but we were ten days in getting rid of the drawing sensation, and before desquamation took place.—*Daniel's Texas Medical Journal, Editorial.*

RABUTEAU'S DRAGEES OF IRON.—Iron, says the Progrès Médical, is one of the most important principles of the organism, and the only metal the presence of which is indispensable to the maintenance of life. It exists in all parts of the system, but nowhere does it acquire such importance as in the blood. (Hayem, "Recherches sur l'anatomie normale et pathologique du sang;" Leçons de thérapeutique faites à la Faculté de médecine de Paris.) The blood of a person in good condition contains about forty-five grains of iron; when this amount is diminished, a decline takes place—the appetite fails, the strength is enfeebled, and the blood loses its fine natural color and qualities. In a great number of diseases, such as anæmia, chlorosis, hemorrhages, debility, etc., it sometimes happens that the blood has lost half its iron, and, to cure these diseases, it is absolutely necessary to restore to the blood the iron which it lacks. The problem has been to find a preparation of iron in the proper form for penetrating into the organism without unduly taxing the digestive tract or interfering with the essential qualities of the gastric juice. (Ch. Richet, "Du suc gastrique chez l'homme et les animaux," Paris, 1878. Dr. Rabuteau ("Traité de thérapeutique et de pharmacologie," Paris, 1884) has solved the problem by preparing dragées containing iron in such a state that it is unnecessary for the stomach to act upon it before it enters the circulation. Each of these dragées contains exactly twenty-five milligrammes (about four-tenths of a grain) of a chemically pure ferrous salt. The ingenious apparatuses devised by Potain, Hayem, and Malassez for examining the blood microscopically (Robert Moriez, "La chlorose," Thèse d'agrégation, Paris, 1880), have enabled physicians to study the therapeutical value of Rabuteau's iron. Among the observations that have been published on this subject the following is full of interest: A young girl, profoundly anæmic, entered Ste.-Anne's ward in the Necker Hospital. On the 4th of December her blood, examined by Professor Potain with the *compte-globules*, contained only 2,919,000 red globules to the cubic millimetre, the normal average being about 4,500,000. She took two of Rabuteau's iron dragées every morning and evening with the meals. Succeeding examinations up to the 24th of December, the date of her discharge, gave the following results:

	Number of red globules to the cubic millimetre.
Dec. 4th (date of admission)	2,919,000;
" 7th	3,486,000;
" 12th	3,695,000;
" 24th (date of discharge)	4,578,000.

The patient had therefore gained 1,659,000 red globules to the cubic millimetre in twenty days, an average of 82,950 a day. A cure had been attained, the normal number of globules having been acquired, a little less than 5,000,000 to the cubic millimetre in women. It should be added that during the whole course of the treatment the appetite was excellent, and there was neither diarrhœa nor constipation. So precise an observation demonstrates that in chloro-anæmia Rabuteau's iron regenerates the diseased red globules of the blood with a rapidity not before observed under the use of other ferruginous preparations; it adds to their physiological power, and makes them richer in coloring matter. Moreover, being neither styptic nor caustic, and having no coagulating or astringent action on the gastro-intestinal mucous membrane, this preparation of iron causes neither constipation nor diarrhœa; as it does not need to be digested in order to be absorbed, it does not give rise to the sensation of weight in the stomach, or the gastric pain and indigestion occasioned by other preparations. The therapeutical effects are rapid and energetic. In

women who have not menstruated for many months the amenorrhœa disappears; in others suffering from an anæmic state of long duration, grave in proportion as the ordinary preparations of iron have not been well borne, Rabuteau's dragées, four daily, soon restore the digestive functions to the normal state. Such must be the case, since this preparation of iron does not require the intervention of the gastric juice to be rendered assimilable. In grave cases of chloro-anæmia, where the gastric juice is very deficient in hydrochloric acid, the effects are remarkable. Finally, comparative experiments and clinical observations made in Paris hospitals have shown that Rabuteau's dragées are used with success in all cases where iron is indicated. Two should be taken morning and evening with the meals. —*Cincinnati Lancet and Clinic.*

As to the Efficacy of Coca Preparations.—I desire to state for the benefit of my colleagues the results which I have obtained during my long career as military surgeon by the use of *vin coca mariani.* Briefly stated, I have used it with the greatest success in profound senœmia, resulting from long, arduous campaigns in tropical countries, and in the gastro-intestinal irritation, with loss of appetite and dyspepsia, which is such a frequent accompaniment of this condition. Two or three wine-glasses of *vin mariani* each day relieved the debility with wonderful rapidity, inasmuch as the tolerance of the stomach for nourishing food and the appetite were restored by its administration. Mariani's wine is vastly superior to the wine of quinia, since the latter by augmenting the gastro-intestinal irritation interferes with alimentation, and consequently with repair, thereby aggravating the anæmia, instead of ameliorating it.

I have also employed it in those cases of chronic alcoholism, fortunately rare in the French army, which follow the abuse of absinthe and strong liquors. Mariani's wine, while producing primarily a certain amount of cerebral stimulation, exercised a predominant sedative effect upon the nervous system. I have, moreover, witnessed the spectacle of hardened drunkards giving up their pernicious habits and returning to a normal condition under the influence of this treatment.

I have also employed Mariani's wine successfully in the treatment of the tobacco habit. A few glasses of the wine, taken in small swallows, or mixed with water, were sufficient to replace both pipes and cigars, since the patients obtained the cerebral stimulation which they sought for, albeit unconsciously.

I have also employed it in chronic bronchitis, and even in pulmonary phthisis. Mariani's wine augments the appetite and diminishes the cough in both these conditions. When combating the cough I have given it mixed with water, a wine-glass of the wine to a tumbler of spring water.

Finally, I have employed it in the convalescence following typhoid fever with the greatest success, and this in cases where the irritability of the stomach was so great that no wine, not even Bordeaux, could be tolerated.

To recapitulate, I am convinced that Mariani's wine is the most potent arm which can be placed in the hands of the military surgeon for the purpose of combating the sickness, infirmities, and vicious habits engendered by campaigning, and the hardships of military life. I will also state that whenever any other than Mariani's preparations of coca were used, the results intended were not produced; quite the contrary; bad effects and even unpleasant complications were noticeable, and to this I call the special attention of the physician.—(H. Liebermann, M.D., Paris, Surgeon-Major, Officer of the Legion of Honor, etc.), *N. Y. Med. Monthly.*

Iron Alum as a Styptic—A New Method for Treating Wounds.—For a considerable time past it has been an established fact that subcutaneous wounds heal quickest; it was afterwards ascertained that the reason why open wounds were slow to heal, was that germs entered them causing decomposition and the formation of pus. This theory led to another called the antiseptic system; its doctrine is, keep away certain organisms and drain the wound, then inflammation and suppuration will be prevented. All this amounts to how a wound heals, and how to guard it from those things that prevent it healing. Now, I have reason to believe that I have found a way that takes advantage of all this information, but, in addition to it, it assists the wound to heal from the moment it is employed. I discovered it when I was not looking for it at all; and this is how it happened: A little girl came to me, in whose hand a few days previously I had stitched a large, deep wound which bled profusely every time it was dressed; to stop the hemorrhage I touched it with iron alum; the bleeding ceased in a few seconds; next day I examined it and found the wound very clean and healthy; it subsequently healed in a very short time. A few days afterwards a lady came under my care to have a fatty tumor removed. She was rather anæmic, so I thought I could not be too careful to prevent loss of blood. I made an incision six inches in length down to the capsule, applied the iron alum; about a teaspoonful of blood was lost; enucleated the tumor and tied a small artery at the bottom of the wound, removed the coagulated blood, brought the parts together with a continuous suture, put a piece of surgeons' lint over it slightly moistened with glycerine and water, over this oiled silk, and over it padding and a bandage to

press the surfaces accurately together. Next day I found the dressing slightly blackened by the iron, but no perceptible discharge or swelling; dressed as before. On the third day I removed the sutures, and the fourth day found it completely healed except the part occupied by the ligature. Next case was a man having a loose cartilage in the knee-joint larger than a garden bean. I made an incision in the usual way down to the ligament, an inch and a half in length, applied the styptic, only a few drops of blood escaping; then cut through the ligament and removed the loose cartilage; brought the wound together by a very narrow strip of adhesive plaster across the centre of it; dressed as in the former case; ordered dressing to be changed next day but not afterwards, and the limb to be kept at rest. This person lives sixteen miles from my residence, but I got a letter from him telling me that on that day week from the time that I performed the operation the wound was completely healed and the functions of the joint perfect. Dr. Hunter, of Ramelton, assisted me at both operations and knows all about them.

The last case I will refer to is that of a young man who received a deep, lacerated wound between the metatarsal bones of the first and second toe, caused by treading on a sharp piece of iron; here was profuse arterial hemorrhage, as the position would lead one to expect. I endeavored to stop it by applying a piece of iron alum, but failed, owing to the depth and shape of the wound. I then put a considerable quantity of powdered iron alum into and on it, tying over it some wadding, then the bleeding ceased. Next day I examined it, and with difficulty removed the dressing, as the effused blood had set like cement; there was neither discharge, swelling, nor the slightest appearance of inflammation, and almost free from pain, so much so that on the third day he resumed his usual employment in the fields. This tore the wound open again; I was obliged to put a suture in it, touched it with iron alum, and it was completely healed in about six days.

Then I thought I was in duty bound to investigate the matter as far as I could, and bring it under the notice of others, who had more leisure and opportunities of doing so than I had. I began by trying the action of all the styptics on some fluid I had removed from a hydrocele; most of them made it milky or creamy, the perchloride of iron gelatinous, but it would not adhere to the test tube. Having twice seen it act as an escharotic in scalp wounds, I gave myself no further trouble about it. A saturated solution of iron alum instantly converted it into a cheesy mass, firmly adherent to the test tube. This, after exposure to the sun and air for a month, has undergone no change, except contraction from evaporation. The iron alum added to the same fluid in a fœtid state instantly coagulated it and deodorized it as much as carbolic acid did. From all this it is evident that this medicine has a character entirely different from any other of its class, for although the most powerful coagulator of albumen, and antiseptic, yet it has no irritating or destructive action on the living tissues; keeping this in view helps to explain its curative effect, and how it does exactly what is required, *i. e.*, stops hemorrhage by coagulating the liquor sanguinis, at the same time rendering it antiseptic and at once ready to heal, and by its astringent action preventing exudation, congestion, or inflammation. I can easily imagine how useful it may become; how in the battle field one surgeon could do the work of six, and do it more efficiently, and how the soldier, with his own hands, by it might save his own life; how abdominal surgery might become simplified, where oozing from small bloodvessels and defective drainage is the chief danger. In short it does all that the Listerian system does, but it does far more, without trouble, expense or risk. Ligatures, bandages, dressing, etc., are reduced to a minimum, healing expedited to an extent that to be believed must be seen.—DAVID CHRISTIE, *Medical Press.*

ON THE USE OF CIMICIFUGA IN CHOREA, RHEUMATISM, AND PREGNANCY.—I was very much pleased with Dr. Corson's article in your journal of November 6th, on the use of the cimicifuga in chorea, and confess that I supposed it to be in more common use with the profession than it seems to be, judging from the doctor's proof to that effect, as I have used it in nearly every case of that malady which has come under my care during the past thirty years, with perfect satisfaction.

Dr. Corson quotes a truthful statement of Dr. Free's, to wit: "The one remedy which is the main reliance of the great majority of practitioners is arsenic." To me, it is surprisingly true that Dr. Free's statement is correct.

It seems to be a hobby with a majority of physicians to give arsenic in chorea, and then contentedly wait "seventy or eighty days" for—what? Not for the arsenic to cure, although they think so, but for it to get well, as a rule, by, what lawyers say, "the statute of limitations." Yet they give arsenic in chorea, as they do in eczema—"hit or miss." I am quite sure, from my long experience with cimicifuga in chorea, that if physicians would be as faithful in its use in this disease as they are with the arsenic, they would be surprised at the early improvement in their cases. Let me also say that during my thirty years' experience with the black snakeroot, I have treated but few cases of rheumatism without combining it, or giving it alone, with

great relief. Also, I have found it very valuable in mitigating the nervous irritability which is so common in phthisis.

During the past twenty years, I have often given it daily in pregnancy during the last month of gestation. It was first brought to my notice, as an agent in chorea, by my father-in-law, about thirty years ago, who was a physician of large country practice, and upon whose farm it grew abundantly. He always gathered it at the proper time, dried it, and made a tincture of the same. He urged me to use it in chorea and rheumatism. I then began its use, and have continued to do so from that time to the present.

I have never been able to abort chorea in the short time spoken of by Dr. Corson, as it is seldom that such young patients can take more than twenty minims of a *good fluid extract* without producing an atrocious headache. However, I increase it when I can.

My principal object in this communication is to advise those who desire (and I hope all will) to test its effects in chorea to be very careful that the preparation which they use is good, as I know that much which is in the market is very unreliable.

I would advise first, when it is possible, that the physician should gather it, or have it done by some reliable person, *at the proper time*. Should he neglect to do that (and he is shiftless if he does, for it can always be found at the proper time), the next best thing to do (and I say so from fifteen years' experience with his preparations) is to use Squibb's fluid extract of the same, which I have found to be the nearest reliable of any which I have used.

Something has appeared in the journals lately relative to the use of cimicifuga during the latter part of pregnancy (the author's name I do not now remember), and while I am not quite ready to indorse all he said relative to its effects upon parturition, yet I will cordially recommend it.

I well remember, when a young practitioner, of being told by a farmer's wife that she always took an infusion of it during the last three weeks of her pregnancies, and I almost think 'twould have been unsafe for any one to have criticised her confidence in the effects of the remedy upon her labors, more especially if the criticism had been made in her presence.

Allow me to relate a case (for what it is worth), and I will close this communication:—

Mrs. F., æt. 36, short, fleshy, and vigorous, desired me to attend her in her fourth confinement. The last child was born eight years before, and she had settled down, happily so, into the belief that it was to be the last.

I was credibly informed by those who were present that her labors had all been severe, and I had no reason to doubt the truth of the information. I discovered that the patient was very despondent, and worried about the future; also, there was more or less chagrin mixed with the most of her troubles. I consoled her the best I could, and encouraged her by saying, that "possibly I should be able to shorten the labor and mitigate her sufferings." I felt that 'twas important to treat her mind, and thus told her what I did.

As time passed on her dread seemed to increase. About four weeks previous to her labor, I began an increased mental treatment (for that is what critics would call it, yet I cannot believe that was all there was of it), by giving fifteen minims of Squibb's fluid extract of cimicifuga, three times a day after meals. On the morning of the day of her confinement, slight pains came on and continued throughout the forenoon. I was out of town and not expected home before 4 P.M. With no expectation that the labor would be completed until many long hours of suffering had been endured, no great anxiety was manifested at my absence. About twelve o'clock the pains began to be more severe, so much so that the membranes ruptured and the husband was obliged to go into the street and procure the first physician he met. At 3 P.M. the labor was over. I saw her in the evening and found her very happy. All the powers of earth cannot convince that precious mother that "the drops which I (she) took" was not the cause of her easy labor. Who can say they were not?

A short time after this paper was written, and at the close of the above report, a sister-in-law of Mrs. F., who was expecting her fourth confinement, had been taking the cimicifuga about three weeks. She had taken none during the former pregnancies. I had attended her during those labors, and, although there was nothing abnormal in them, yet all had been "tedious"—never getting through short of twelve hours, and two of them continuing all night and until the evening of the succeeding day. She had desired "to take such drops as my (her) sister-in-law had taken," and was gratified.

On the night of the 20th inst., she began to have slight pains, yet not severe enough to call for medical aid. At 4 A.M. they began to increase in severity, when I was summoned. The greatest activity of the labor was from five to six o'clock, when it was completed.

Here was an instance of three labors, all of which had been "tedious," while in the fourth the severity of the labor occupied only about two hours. Let any one infer what they please, I cannot resist the conclusion that the cimicifuga had a good influence upon the labor.—Dr. Colvin, M.D., *Medical and Surgical Reporter*.

RECTAL SURGERY MADE SAFE FOR FOOLS.—A few years ago I learned and published the secret method of treating piles employed by certain itinerants. The secret was sold from one quack to another at a high price, and consists generally in the hypodermic injection of various mixtures of carbolic acid. The hopes of many physicians that the method might prove a useful one, were greatly dampened by the discovery of about eighteen deaths out of some three thousand reported cases, and of very alarming symptoms in other instances; in short, it was the same fatal experience as that which previously put a stop to the injection of venous enlargements in other parts of the body.

Of late the Lake States are being treated to a new development; the little itinerant hypodermic syringe has budded and blossomed like Aaron's rod, and evolved little boxes of instruments and little books full of secret instructions, in short, little "systems" of rectal surgery, whereby, as one of the authors says, "operations which would otherwise be difficult can be accomplished with but little skill." The first style of boxes sells at a price varying from a hundred to a hundred and fifty dollars, according to the size of the purchaser's purse and credulity. They generally contain a hypodermic syringe and a rectal speculum, with a probe and a few other simple instruments, having some peculiarities of construction but no special excellence. An equally good set of instruments for the purpose would cost about fourteen dollars at retail, in the ordinary instrument stores.

It is curious to notice the obvious effort to combine a set of instruments in such a way that an ignorant purchaser may accomplish something with them, but shall not be able to do much harm. Generally there are no cutting instruments whatever, and the only sharp weapons are the hypodermic syringe and the tenaculum. The chief formula for injection for hemorrhoids is the following:—

℞. Acid carbol.	ʒj.
Ol. olivæ	f3v.
Zinci chlorid	gr. j—M.

Armed with his little box and book the wayfaring doctor, though a fool, may read and practice, and perchance make money, if the crop of piles is good, although the science of the colleges never glanced upon his calvarium.

Such an easy way to make money soon bred imitations. New boxes and new little books are in the market. Some contain several more instruments than those above mentioned, and yet are sold at half the price, being offered at about fifty dollars. There is, however, the same careful attention to the fact that the purchaser is expected to be such a fool that he cannot be trusted with edge tools, though some of the later boxes contain the little blunt-pointed bistoury of Sims's uterine set, with an edge about half-an-inch long, for a purpose presently to be mentioned. One set which I examined contained the following instruments:—

1. A small rectal speculum.
2. A hypodermic syringe.
3. A tenaculum.
4. A small Sims's uterine knife, blunt-pointed, and having an edge five-eighths of an inch long.
5. A Sims's flexible uterine probe, for examining fistulæ.
6. A blunt hook to pull down the "pockets" presently to be described.
7. A similar blunt hook with two minute barbs to hold the pocket when it is so shallow as to slip from the smooth hook.
8. A scarifying probe, made so as to scratch the interior walls of a fistula to the depth of about a sixteenth of an inch. By a blundering combination of Greek and Latin in the same word, forbidden by the usages of educated men, it is called a "fistulatome."
9. A flat scoop for clearing out the rectal pockets and pouches.
10. A ligature carrier, to facilitate ligating piles.
11. A three-ounce syringe.
12. A hard-rubber tube for oiling the anus.

There are no scissors, probably because they could be dangerously used by ignorant purchasers.

The following were some of the printed directions in the box:—

"*Radical Cure of Fistula in Ano.*—First trace fistula with flexible probe. Wash out the track with a 5 per cent. solution of 'hydrogen peroxide.' Then inject a 95 per cent. sol. of carbolic acid plus equal quan. of a 10 per cent. sol. of muriate of cocaine. Draw about 10 to 15 minims in the syringe. Push the flexible needle to the depth of fistula, then inject slowly as you withdraw the needle. Within two hours inject oleum eucalyptus and glycerine, equal parts, and the operation is finished. Keep patient quiet for forty-eight hours."

"*Hemorrhoids.*—Hemorrhoidal tumors should be injected with an eight-grain sol. of muriate of cocaine, plus an equal volume of 'phénol sodique;' use of the injection from twenty minims to a drachm, according to size of tumor. It is seldom necessary to inject more than once or twice. This injection deposited in two and three drops, making the punctures one inch apart over the rectum, will seldom fail to cure prolapsus of the rectum. Should be repeated two or three times.

"During the treatment of hemorrhoids or prolapsus, patient should take each night at bedtime a one-eighth grain pill of the solid extract leptandrin, and the parts should be kept an-

ointed with 'ceratum taralinum,' once a day for a week after the operation. After operation on the rectum of a female, the uterus should be dilated, and after like operation on the male rectum, metallic sounds should be passed as large as the urethra will admit; and in all cases where there are fissures of the anus, the sphincters should be forcibly dilated for ten seconds, while patient is under the influence of an anæsthetic.

"With our improved instruments designed expressly for treating the rectum, operations that would otherwise be difficult can be accomplished with but little skill. Our speculum is the only one that is self-retaining, thereby enabling the operator to use both hands, at the same time exposing every part of the rectum, and not causing the patient great pain by over-distension of the sphincters."

The "phénol sodique" is a French name for an article made and sold in Philadelphia. It is simply a solution of impure carbolic acid. The term "ceratum taralinum" is an ignorant man's effort to construct a Latin name without knowing the language. The article to which it is applied is a blackish, untidy-looking unguentum picis liquidæ, or tar ointment, but probably not made according to the officinal directions. Druggists inform me that it is sold as a proprietary article under the name "taroid."

A recent addition to these "systems of rectal surgery" consists in exploring the anus for the little pockets in the mucous membrane which exist normally just above the external sphincter, pulling them down with the blunt hook, and splitting them down with the Sims knife. Another addition consists in cutting off the little projections, or caruncles, which are often found at the same part, under the preposterous claim that they are very injurious to the patient. The operators call these organs "pockets and fringes."

The possibilities of deception in this field are unlimited, since the patient can neither see the "pockets and fringes" for himself, nor dispute their alleged pestiferous influence. This practice originated in a paper read before a Society of irregulars, entitled "Rectal Pockets and Fringes." That the paper may be properly estimated I will recall to memory here the structure of the lower rectum, as described by authors, both in anatomy and surgery: Morgagni described, what any dissector can see, a reticulated columnar structure of the mucous membrane just above the external sphincter. These ridges, or "columns of Morgagni," resemble the columnæ carneæ of the inner walls of the heart, but are very much smaller. Occasionally a probe will pass behind one of the columns, as under a bridge, but generally they are merely adherent pilasters, or ridges, running longitudinally but somewhat branched. They are described not only by Morgagni, but by "Curling on the Rectum," "Allen's Human Anatomy," "Kelsey on the Rectum," etc. Kelsey says, p. 10: "Between the lower ends of the columnæ recti (columns of Morgagni) little arches are stretched, forming pouches. They are more developed in old people, and may retain small pieces of feces, and give rise to suppuration and abscess."

Curling says, p. 6, that between the lower ends of these columnæ recti "the mucous membrane is slightly dilated, variously in different subjects, but in many to such an extent as to form small sacs, or pouches; and in the spaces between them there is a series of short projecting columnar processes about three-eighths of an inch in length."

The latter are analogous to the carunculæ myrtiformes of the vagina. The writer of the paper seized on these "pockets and fringes," as he called the pouches and caruncles, and declared that "our current literature contains little or no mention of them." In spite of the fact that they are natural organs, and therefore must have a use, he asserts that "they are more prolific of mischief than you would believe," and that "nowhere, so far as" he is "aware, are they well described or properly noticed," hence he advocates their destruction. The author of this paper, boldly claiming old and well-known anatomical facts as almost a new discovery of his own, excited a good deal of controversy among the members of the Society, some supporting his claims and practice, and some roundly denouncing them.

The truth is that these structures are natural, and should be let alone in ordinary cases, but, like other organs, they occasionally become diseased, and require surgical interference. The itinerants, however, have added the "pockets and fringes" to their stock in trade, and believe that whenever they are found the pockets must be split down and the caruncles, or "fringes" cut off. For this purpose the blunt hooks and the Sims bistoury have been added to the wonderful little box, which enables them to "accomplish operations with but little skill."

The plan of treating fistulæ by injections of peroxide of hydrogen, followed by other antiseptics, is in principle the same as the iodine method formerly in vogue, which fell into disuse because of its uncertainty. There are no statistics to show whether this modification will do any better, but there can be no harm in trying it. It will probably be found, like the iodine plan, to fail in a large proportion of cases, but yet may sometimes be useful. It is obviously adopted for the itinerants, because their average ignorance is such that it would never do to trust them with the operation by incision. — EDMUND ANDREWS, M.D., LL.D., *Journ. American Med. Association.*

COMMERCIAL NEWS.

Eloquent.

At a recent meeting of the British Medical Association, Dr. J. Milner Fothergill, while discussing the subject of "Dietetics in Surgery," took occasion to say, in his own peculiarly eloquent style: "An extract of malt with an aërated water is a drink for the Gods, from Cupid to Neptune."

Those of our readers who need to prescribe a pleasant tonic for irritable or weak stomachs, or who will have occasion to provide for their patients a nutritious beverage for the heated term, will find in Genois' Diastasic Extract of Malt, when mixed with any aërated water, just the combination their patients will take with most benefit and pleasure. Manufactured by Llewellyn & Genois, 1600 Chestnut Street, Philadelphia.

Was it a Hermaphrodite?

Among the replies of a musical committee for "a candidate as organist, music teacher, etc.," was the following one: "Gentlemen,—I notice your advertisement for an organist and music teacher, either lady or gentleman. Having been both for several years, I offer you my services."

Dr. Blatchly (Plano, Ills.) writes: "Some time ago I received a small sample of Carl L. Jensen's Crystal Pepsin. It was thrown aside with a lot of other samples, until one day I gave it to the worst case of atonic dyspepsia that I ever met, one that had resisted the treatment of other physicians as well as mine.

"To my great surprise it effected a cure at once. I know it was the Pepsin, as no other remedy was given at that time."

Convenient and Elegant.

The Physicians' Cabinet, made by Charles Truax & Co., 81 Randolph Street, Chicago, is the most convenient cabinet in the market for a physician's use. It furnishes a safe place in which to keep surgical instruments, and when wanted for use, they are all brought into sight and within reach. It consists of a case of drawers and a revolving cylinder, the latter so arranged that it can be turned and closed, and it and all the drawers fastened by a single Yale lock. It serves also as a wash-stand and towel-rack. It is an elegant piece of furniture for a physician's office.

This house makes a specialty of furnishing physicians' supplies of all kinds; for instance, they give a discount of twenty-five per cent. on surgical instruments. Send to them for their 400 page cloth bound catalogue of physicians' supplies, saying you act on advice of The Medical Bulletin.

A young man recently entered a dispensary in Chicago and inquired if that was the place for the treatment of diseases of women. When assured that it was, he said: "Well, I've got a disease of a woman and want to be treated."

Maltine in Phthisis.

After full trial of the different oils and extract of malt preparations in both hospital and private practice, I find Maltine applicable to the greatest number of patients, and superior to any remedy of its class. Theoretically, we would expect this preparation, which has become practically officinal, to be of great value in chronic conditions of waste and malnutrition, especially as exemplified in phthisis. Being rich in diastase, albuminoids, and phosphates, according to careful analysis, it aids in digesting farinaceous food, while in itself it is a brain, nerve, and muscle producer.

In practice, this hypothesis is sustained. A female patient at St. Luke's Hospital, aged 35, with phthisis, signs of deposit in left upper lobe, losing flesh for six months, poor appetite and night-sweats, began taking Maltine March 13, 1880. She now weighs one hundred and twenty-one pounds, eats well, no night-sweats, and the evidences of local disease are much less marked.

Another case of phthisis: A gentleman from Alabama, with all the physical signs of phthisis, rapidly losing health and strength. His was the remarkable gain of ten pounds, from six weeks' use of Maltine.

These instances are sufficient for illustration, and are duplicated many times in the experience of physicians everywhere. There is a universal reluctance always to testify to results from medicinal preparations, but when, as in this case, the composition is fully known, and the profession invited to investigate the manner of preparing it, there is no reason why the remedy should not receive general approbation, provided it be worthy. —William Porter, A.M., M.D., St. Louis.

A Letter from J. M. Keller, M.D., Vice-President of The American Medical Association.

"O. E. Herrick, M.D., Grand Rapids, Mich.—Dear Doctor: I have used your instrument with great satisfaction, and have been able to produce results with it which I have never been able to produce without it, or with any other Supporter or Pessary, and I have used a great many during long years devoted largely to the treatment of diseases of women. My patients wear it without the least trouble or inconvenience. Even those nervous, excitable women, who are always being hurt, say it does not hurt them to wear your Supporter. Very truly yours,

J. M. Keller, M.D., Hot Springs, Ark.